

COVER-1



VISAKHAPATNAM PORT AUTHORITY
GENERAL ADMINISTRATION DEPARTMENT

**TENDER NO.IGAD/A&B/PK/GHS/2022 COMPREHENSIVE GROUP HEALTH INSURANCE POLICY for Pool
Khallasis engaged in VPA**

TENDER ISSUED BY:

Secretary,
General Administration Department
1st Floor AOB Building,
VISAKHAPATNAM PORT AUTHORITY
VISAKHAPATNAM – 530035.
Phone No.0891-2873136 , 0891-2873009 , 0891- 2873924 (10.00 A.M. to 06.00 P.M.)
Email:gad.tvg.vpt@gov.in

INDEX

S. No	Descriptions	Page Number
	COVER-1	
1	Notice Inviting Tender	1
2	Tender Procedure for submission of BIDS	2
3	Terms & Conditions of the Tender	3
4	Form of Tender (Appendix-1)	5
5	Form of Tender (Appendix-2)	6
6	Form of Tender (Appendix-3)	7
7	Form of Tender (Appendix-4)	8
8	Form of Tender (Appendix-5)	9
9	Form of Tender (Appendix-6)	10
10	Form of Tender (Appendix-7)	11
	COVER-2	
11	PRICE BID	12

VISAKHAPATNAM PORT AUTHORITY
GENERAL ADMINISTRATION DEPARTMENT

NOTICE INVITING TENDER (NIT)

Name of the work: COMPREHENSIVE GROUP HEALTH INSURANCE POLICY For Pool Khallasis engaged in VPA

E-tenders are invited from the Nationalised Insurance Companies along with SBI General Life Insurance Co. Ltd., (existing health insurance provider) having good coverage in health sector for providing Comprehensive Group Health Insurance for Pool Khallasis engaged in VPA in two Bid system.

1.	Organization	Visakhapatnam Port Authority
2.	Department	General Administration Department
3.	Tender No:	IGAD/A&B/PK/GHS/2022
4.	Name of the work	Comprehensive Group Health Insurance Policy for 521 Nos. of Pool Khallasis along with Spouse & two Children (521+1345=1866 persons) (approx) of Visakhapatnam Port Authority, the total strength may be less or more to the proposed strength.
5.	Sum Insured through policy	1. Rs.2,00,000/- per family per year w.e.f. 29.09.2022 to 28.09.2023 providing inpatient medical facilities at various Hospitals. 2. Rs.5,000/- per family per year w.e.f. 29.09.2022 to 28.09.2023 towards OPD reimbursement at various Hospitals with Rs.5,00,000/- annual limit.
6.	Cost of application/tender document "http://vpttenders.gov.in/free of cost.	Free of cost.
7.	Tenders may be downloaded from the VPA web site. Details of web site.	https://vizagport.com/
8.	LAST DATE AND TIME FOR RECEIPT OF BIDS	25 -08-2022 12.00HRS
9.	PRE QUALIFICATION/TECHNICAL BID OPENING DATE (DUE DATE)	25-08-2022 15.00HRS
10.	Date, time and place of opening of tenders (Tech. Bid) Contact person details:	Technical Bid: on 25.08.2022 at 15.00 HRS Price Bid of the eligible bidder of Technical Bid, will be opened. 1 st floor, Secretary's office, AOB, VPT. 0891-2873009 , 2873924
11.	Terms of payment of premium	Single payment
12.	Validity period of the tender	180 days.
13.	Taxes	Premium quoted should be inclusive of all Taxes.
14.	Mode of payment	Payment will be made through e-payment only.

Tender Procedure for submission of BIDS

INSTRUCTIONS TO THE TENDERS

1. The Tender has to be submitted in **TWO BID SYSTEM** failing which the tender will be liable for rejection. All technical matters, testimonials, credentials, commercial conditions as indicated in terms and conditions of the tender and appendixes in NIT has to be enclosed in a Sealed Envelop duly super-scribing the Envelop as COVER – I i.e., Technical Bid.
2. Price has to be mentioned separately both in figures and words and enclosed in a separate sealed envelop duly superscribing the Envelop as COVER – II i.e., Price Bid.
3. Both the envelopes i.e., COVER –1 & COVER II have to be enclosed in an another Sealed Envelope duly addressing the Secretary, Visakhapatnam Port Authority and super scribing the envelop with the Tender Number and Due date failing which the VPA will not accept any responsibility whatsoever.
4. The tender will be received in the Office of the SECRETARY, ROOM NO- 136, VISAKHAPATNAM PORT AUTHORITY, Visakhapatnam, upto 12.00 Noon on **25 -08-2022** and will be opened by the Tender Committee in the presence of those Tenderers who may be present at 3.00 P.M. on the same date. If the tender opening date becomes a holiday for any reason the tender will be opened on the next working day.
5. Tenders should be submitted in the prescribed Forms only in a sealed cover superscribing on the Top corner of the Envelope with the words “ **TENDER FOR COMPREHENSIVE GROUP HEALTH INSURANCE POLICY for Pool Khallasis engaged in VPA**” DUE ON 25- 08-2022 and addressed to ‘THE SECRETARY, 1ST FLOOR, AOB BUILDING VISAKHAPATNAM PORT AUTHORITY,VISAKHAPATNAM-530035’. Tenderers may in their own interest send their Sealed Tenders by Registered post to the aforesaid address so as to reach this office not later than 12.00 Noon on **25 -08-2022**.
6. Tenders sent by hand delivery should be deposited in the sealed Tender Box at Room No:-136 of office of the Secretary 1st floor AOB Building VISAKHAPATNAM PORT AUTHORITY, VISAKHAPATNAM during working hours on all working days.
7. Late tenders will be summarily rejected. The VPA will not accept any reason for delay in submission of tender.
8. The tender /bid should be inclusive of all Taxes & Duties. The tender documents duly signed by the bidder is to be returned alongwith offers, credentials and other documents.
9. All the conditions appearing in Tenderer’s letter head or else where stands cancelled and the Conditions as mentioned in this tender will alone be valid and supersede any or all the conditions appearing in any of the papers submitted by the tenderer.
10. Commercial conditions, if any exists in the PRICE bid, will be treated as cancelled.

SECRETARY

VISAKHAPATNAM PORT AUTHORITY

TERMS AND CONDITIONS OF THE TENDER

1. The Tender has to be submitted in **TWO BID SYSTEM** failing which the tender will be liable for rejection. All technical matters, testimonials, credentials, commercial conditions as indicated in terms and conditions of the tender and appendixes in NIT has to be enclosed in a Sealed Envelop duly super-scribing the Envelop as COVER – I i.e., **Technical Bid**. Price has to be mentioned separately both in figures and words and enclosed in a separate sealed envelop duly superscribing the Envelop as COVER – II i.e., **Price Bid**.

2. PRE-QUALIFICATION REQUIREMENTS

- i) This invitation for tender is open to only IRDA approved / licensed Insurance Companies of India for "GROUP HEALTH INSURANCE" of VPA. All tenders submitted shall include the following information:-
- ii) General information on the tender/Insurer shall be furnished in Appendix-2. Copies of original documents defining the constitution and legal status, certificate of registration and ownership, principal place of business of the company, corporation, firm.
- iii) The authorized signatory of the tenderer/Insurer shall sign each page of tender.

3. Eligibility of the Bidder

- a) The Bidder should have a valid IRDA approval / license on date of tender submission & exposure in the field of providing Group Health Insurance services to organizations of Government/Private/PSU Sector. Intermediaries are not eligible for Group Health Insurance tender. The bidder shall submit details of experience executed by them in the Proforma given in Appendix-3 of FOT of this tender document.

- b) Please furnish details of Minimum annual gross written premium at least one year in the last 3 financial years ending 2021-22:

Gross written Premium and claim settlement ratio should be same as given in the **annual/reports/ financial** statements of insurance companies available in public domain on their website or IRDA website. In case of any mismatch in data, data available on IRDA website shall prevail. If the bidder qualifies this criteria in F.Y. 2021-22, the same shall also be taken into consideration subject to production of documentary evidence.

- c) The minimum claim settlement ratio should be equal to or greater than 90%. Health Insurance companies are supposed to enclose self-declaration signed by authorized signatory along with annual report highlighting claim settlement ratio in the Proforma given in Appendix-4 of this tender document.
- d) The Tenderers may obtain further information/ clarification, if any, in respect of these tender documents from the office of THE SECRETARY, 1st FLOOR OF AOB BUILDING VISAKHAPATNAM PORT AUTHORITY VISAKHAPATNAM-530035.
- e) The total strength of Pool Khallasis and family members may change due to additions and deletions of the Pool Khallasis from the Policy and hence, the proportionate additions/deletions shall be accepted by the firm on the same terms and conditions of the NIT.
- f) Technical Bid shall be duly signed & stamped by Insurance Company .
- g) During the tender opening, an authorized representative of the bidder will be allowed.
- h) Tenders shall be valid for a period of 180 days (both days inclusive i.e. the date of submission of tenders and the last date of period of validity of the tender) from the latest Date of Submission of Tender.

- i) The Technical bid shall be opened on the same day as mentioned in the NIT and the bids qualified in Technical bid will be informed for Price bid opening duly fixing a date and time.
- j) In case of differences arising in the terms and conditions of the tender documents with the firms, the decision of VPA shall prevail.
- k) VPA reserves the right to modify / change/ delete/ add any further terms and conditions prior to tender opening.
- l) **Arbitration** – All or any disputes and/or differences arising between the VPA and the bidders out of bidding shall be referred to arbitration and the said decision of the Arbitrator(s), shall be final and binding over on all the concerned.
- m) **Disputes:** In respect of all tender conditions, the decision of VPA shall be final and binding. In the event of any dispute arising out of the tender, such dispute would be subject to the jurisdiction of the VISAKHAPATNAM Courts only.
- n) The VPA reserves the right to cancel or postpone the tenders at any stage without assigning any reason.
- o) Pre/Post Hospitalization covers for 30/60 days respectively.
- p) Cashless and Reimbursement Policy.
- q) Pre-existing Disease exclusion waiver for all, first 30 days Exclusion waiver for all, 1st year exclusion waiver for all.
- r) Dependent children covered upto 25 years of age (unmarried and financially dependent only).
- s) Congenital internal disease cover is to be covered for within floater SI.
- t) The bidders are required to furnish their under taking in compliance of the tender as per the **Appendix-1**
- u) The bidders are required to furnish General Information as per the **Appendix-2**.
- v) The bidders are required to furnish Details of experience as per the **Appendix-3**.
- w) The bidders are required to furnish the Details of Claims and settlement ratio as per the **Appendix-4**.
- x) The bidders are required to furnish the Bank details as per the **Appendix-5**.
- y) The bidders are required to furnish their compliance of Technical bid and Insurance of coverage as per the **Appendix-6**.
- z) The bidders are required to furnish their confirmation of “NO-DEVIATION” against the tender as per the **Appendix-7**.
- aa) The bidders are required to furnish their undertaking of price in **Cover-2 (PRICE BID)**.
- bb) The Bidders are requested to furnish Claim dumps with existing premium paid, Details of Health insurance policy, Claims Analysis Reports etc. for last three years and list of Network Hospitals.

The above mentioned dates are tentative and in case of any change in dates and any inconsistency between conditions in the documents/amendments/corrigendum/clarifications, the decision of the Secretary/VPA shall be final and binding.

Contact Person: Sri T. Venu Gopal, Secretary, Phone No. 0891- 2873136, 0891-2873009 0891-2873924

(10.00 A.M. to 06.00 P.M.)

For further details please visit the official web-site of Visakhapatnam Port Authority <http://vpptenders.gov.in>.

SECRETARY

VISAKHAPATNAM PORT AUTHORITY

FORM OF TENDER-APPENDIX- 1

To
 The Secretary,
 Visakhapatnam Port Authority, 1st Floor
 AOB Building,
 Visakhapatnam-530001.

Dear Sir,

1. Having visited the site and examined the tender documents, for this policy, and the matters set out in all Appendixes in the tender document, we the undersigned, offer to provide such policy therein in conformity with the said Conditions of Contract, Employer's requirement, and for the amount as quoted in Price Bid or such other sum as may be ascertained in accordance with the said conditions.
2. We hereby agree to provide the Health Insurance Policies as outlined in your bidding documents.
3. We have understood and have thoroughly examined the detailed scope of Health Insurance Coverage along with Extensions and Exclusions with other features laid down by you and are fully aware of nature and scope of coverage required.
4. We hereby confirm our unconditional and complete acceptance and compliance to the provisions contained in the bidding documents. We declare that the Health Insurance Coverage and Services will be rendered strictly in accordance with the requirement. Reductions in Tariff at a later date will however be passed on to VPA.
5. We further confirm premium rates charged in all policies at the inception of policy will remain unchanged during the policy period. The same rate will be charged in respect of any additions in the sum insured if made during the policy period.
6. We further confirm that in case, if any violation/breach in respect of premium rates charged by us and result into any Financial Liability or consequences, VPA in any manner will not be held responsible in any manner. We will not demand any additional payment from VPA on this account.
7. Copies of confirmations as per the terms & conditions of the Bid document are enclosed herewith.

(STAMP & SIGNATURE OF THE TENDERER)

Dated this day of 2022

Signature.....

Name..... in the capacity of.....

Duly authorized to sign Tenders for and on behalf of.....

Witness-Signature.....

Name.....

Address.....

Occupation.....

FORM OF TENDER-APPENDIX- 2**GENERAL INFORMATION DATA**

A. TENDERER INFORMATION SHEET									
Tenderer' s Legal Name									
Legal status of the Tenderer	Please tick appropriate category: <table border="1"> <tr> <td>Sole Proprietorship Firm</td> <td></td> </tr> <tr> <td>Partnership Firm</td> <td></td> </tr> <tr> <td>Private Limited Company</td> <td></td> </tr> <tr> <td>Public Limited Company</td> <td></td> </tr> </table>	Sole Proprietorship Firm		Partnership Firm		Private Limited Company		Public Limited Company	
Sole Proprietorship Firm									
Partnership Firm									
Private Limited Company									
Public Limited Company									
Tenderer's legal address in India, telephone numbers, fax numbers, email address for communication									
Tenderer's authorized signatory (name, designation, address, contact no.)									
Tenderer's authorized representative (Name, Designation, Address, Contact no.)									
FOLLOWING NEEDS TO BE SUBMITTED BY THE TENDERER: <ul style="list-style-type: none"> a) Affidavit in case of Proprietary firm. b) Partnership Deed in case of partnership firm. c) Memorandum & Article of Association in case of a Public/Private limited company. d) Authorization/POA in favour of authorized signatory of tenderer to sign the tender, and also in favour of authorized representative. <p>Note: Tenderer's authorised representative shall be deemed to have authority of the tenderer to receive and deliver any correspondence and attend meetings with VPA related to the tender.</p>									

Stamp & Signature of Tenderer

EXPERIENCE RECORD

1. Current Certificate of IRDA license (Certified Copy to be enclosed)
2. Total number of years of experience in providing **COMPREHENSIVE GROUP HEALTH INSURANCE** for the major Companies.
3. Details of experience in group Health Insurance for three years as per

S1. No.	Period	Details of work handled	Total Cost of work in Rupees (I) in terms of premium	Remarks
(1)	(2)	(3)	(4)	(5)
(i)	DD— MM — YY to DD— MM — YY			
(ii)	DD—MM—YY to DD—MM—YY			
(iii)	DD—MM—YY to DD— MM—YY			

Notes :

- (i) Experience should not be for overlapping period. Period of one policy should be different.
- (ii) Details submitted in any other proforma will not be considered.
- (iii) The details of work including the cost of the work should be supported by attested copy of each client certificate/ Policy copy.
- (iv) Additional pages may be attached if required.
- (v) The authorised signatory of the tenderer must sign all the pages.

FORM OF TENDER-APPENDIX- 4

Dated:

To
The Secretary,
Visakhapatnam Port Authority, 1st Floor
AOB Building,
Visakhapatnam-530001.

Dear Sir/Madam,

Sub: Self Declaration for total premium and claim settlement ratio.

Gross Written Premium and claim settlement details for last 3 years mentioned below.

	2019-20	2020-21	2021-22
Gross Premium (Rs. Lakhs)			
Claim settlement Ratio			

1. Copy of audited financial statements for above mentioned period viz 2019-20, 2020-21 and 2021-22 are required to be attached.

Name of Company:
Authorised Signatory

FORM OF TENDER-APPENDIX- 5Bank Details of Tenderer

1. Name of the firm/ Bidder:
2. GSTIN of bidder:
3. PAN of bidder:
4. Complete Address of bidder:
5. Name of the Bank:
6. Branch:
7. Address of the Bank Branch:
8. Account Type:
9. Account Number:
10. IFS Code of the bank Branch:
11. MICR Code of the Bank Branch:
12. Whether a copy of cancelled Cheque of the Bidder/Firm submitted: Yes or No (Please tick)
(A copy of cancelled cheque to be enclosed)

Certified that the information furnished above is correct.

Signature of the Authorized person of the Firm/
bidder with seal & Date

FORM OF TENDER-APPENDIX- 6**TECHNICAL BID**

Sl. No.	INSURANCE COVERAGE	
1	Family Floater	Floater Option Employee + Spouse + 2 Children
2	Family Definition	Pool Khallasis and their spouse & two children
3	Sum Insured	Rs.2,00,000/- per family per 12 months w.e.f. 29.09.2022 to 28.09.2023 providing for inpatient medical facilities at various hospitals. Rs.5,000/- per family per 12 months towards OPD reimbursement at various Hospitals with Rs.5,00,000/- annual limit.
4	Corporate Buffer	
5	No. of Pool Khallasis	521 Nos. the PKs and their family members (521 +1345=1866 persons (approx.)) and the strength may be less or more of the actual strength as per the clause No.1 of terms and conditions of the NIT. Midterm inclusion and addition is allowed on payment of premium on pro-rata basis.
6	The services offered by the company through Comprehensive Group Health Insurance Policy	Coverage as above and cashless facility & reimbursement as per the existing Group Health Insurance Policy coverage.

Name of the Company:

Authorised Signatory with seal.

FORM OF TENDER-APPENDIX- 7

Dated: 2022

To
The Secretary,
Visakhapatnam Port Authority, 1st Floor
AOB Building,
Visakhapatnam-530001.

Dear Sir/Madam,

Sub: Statement of Deviation.

It is to inform that we have no deviation from the terms and conditions of tender documents
of Contract No: _____

For

Name of Company:

Authorised Signatory

COVER-II

The Price has to be mentioned in this COVER-II separately both in figures and words and enclosed in a separate sealed envelop duly superscribing the Envelop as COVER – II

PRICE BID

From: (Full name and address of the Bidder) _____

To,

Dear Sir/Madam,

1. I submit the Price Bid for _____ and related activities as envisaged in the Bid document.
2. I have thoroughly examined and understood all the terms and conditions as contained in the Bid document, and agree to abide by them.
3. I offer to work at the rates as indicated in the price Bid inclusive of all applicable taxes.

Policy	Rate per total Policy
Net premium for Rs.2,00,000/- coverage per family per year providing for inpatient medical facilities at various hospitals and Rs.5,000/- per family for 12 months towards OPD reimbursement at various Hospitals with Rs.5,00,000/- annual limit. For 521 PK's along with the family members of 521+1345 = 1866 persons (approx..)	Rs...../- (Rupees.....))
Policy	Rate per family
Net premium for Rs.2,00,000/- coverage per family per year providing for inpatient medical facilities at various hospitals and OPD coverage of Rs.5,000/- per family per year at various hospitals. For 521 PK's along with the family members of 521+1345 = 1866 persons (approx..)	Rs...../- (Rupees))

1. The rates shall be quoted in Indian Rupee only.
2. The rates will be inclusive of all taxes ,fees.
3. In case of any discrepancy/difference in the amounts indicated in figures and words the amount in words will prevail and will be considered.
4. The payment will be made to any Bank Account maintained in India by way of ECS/RTGS after deducting the TDS as applicable.
5. The quoted rates shall remain firm throughout the tenure of the contract and no revision is permissible for any reason

Place:

&

Date

Signature of the Bidder

Stamp



VISAKHAPATNAM PORT AUTHORITY
GENERAL ADMINISTRATION DEPARTMENT

The documents of Premium details, Claim ratio , Claim dumps of our previous **COMPREHENSIVE GROUP HEALTH INSURANCE POLICY** along with members of existing policy is furnished below for reference of the prospective bidders against the TENDER NO.IGAD/A&B/PK/GHS/2022 **COMPREHENSIVE GROUP HEALTH INSURANCE POLICY** for Pool Khallasis engaged in VPA with due date on 25-08-2022.

Secretary,
General Administration Department
1st Floor AOB Building,
VISAKHAPATNAM PORT AUTHORITY
VISAKHAPATNAM – 530035.
Phone No.0891-2873136 , 0891-2873009 , 0891- 2873924 (10.00 A.M. to 06.00 P.M.)
Email:gad.tvg.vpt@gov.in

To
M/S VISAKHAPATNAM PORT TRUST
ADMINISTRATIVE BUILDING, PORT AREA
VISAKHAPATNAM
Vishakapatnam, ANDHRA PRADESH - 530035, INDIA

Date : 03-10-2020

Subject : Policy Number : 4101190900000059-01

Dear Customer,

Welcome to SBI General. Thank you for choosing SBI General's Group Health Insurance Policy. We are delighted to have you as our esteemed Customer.

We enclose the following documents pertaining to your Policy :

- Policy Schedule
- Policy Clauses & Wordings
- Grievance Redressal Letter

We have taken care that the documents reflect details of risk and cover as proposed by you. We request you to verify and confirm that the documents are in order. Please ensure safety of these documents as they form part of our contract with you. For all your future correspondence you may have with us, kindly quote your Customer ID and Policy Number.

Customer ID : C04142

Policy Number : 4101190900000059-01

The Postal Address of your SBI General Branch that will service you in future is :
SBI GENERAL INSURANCE CO LTD - VIZAG, SBI General Insurance Co LTD, Door No : 47-14- 6 ,
Dwarakamai, 2nd floor , Above SBI Dwarka Nagar Branch, Vizag- 530016, Andhra Pradesh, , ANDHRA
PRADESH, INDIA-0, INDIA.

In case of any queries or suggestions, please do not hesitate to get in touch with us. You can contact us at customer.care@sbigeneral.in or call our Customer Care Number 1800-102-1111 / 1800-22-1111.

We look forward to a continuing and mutually beneficial relationship.

Yours sincerely,



Authorized Signatory

SBI General Insurance Company Ltd., Registered Office: & Corporate Office: SBI General Insurance Company Ltd. 301, Natraj, Junction of Western Express Highway & Andheri Kurla Road, Andheri (East), Mumbai - 400069.

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE
UIN - IRDA/NL-HLT/SBIGI/P-H/V.1/39/13-14

SCHEDULE

Policy No : 4101190900000059-01	Servicing Branch Office : SBI GENERAL INSURANCE CO LTD - VIZAG, SBI General Insurance Co LTD, Door No : 47-14- 6 , Dwarakamai, 2nd floor ,Above SBI Dwarka Nagar Branch, Vizag- 530016, Andhra Pradesh, ,ANDHRA PRADESH, INDIA-0, INDIA.	Issue Date : 03-10-2020
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Intermediary Details :

Intermediary Name	SME Direct 2	
Intermediary Code	109372	
Intermediary Contact Details	Mobile No.	Landline No.

Insured Details :

Name of the Insured/Proposer	:	M/S VISAKHAPATNAM PORT TRUST
Address	:	ADMINISTRATIVE BUILDING, PORT AREA VISAKHAPATNAM Vishakapatnam, ANDHRA PRADESH - 530035, INDIA
Period of Insurance	:	From 29-09-2020 (00:00:00 Hrs) to 28-09-2021 (23:59:59 Hrs)
Previous insurance policy no, if any	:	4101190900000059-00
Name of the Administrator / TPA	:	MEDI ASSIST INSURANCE TPA PRIVATE LTD
No of Primary Insured Persons covered	:	523 Employees
Total No of Insured Persons Covered	:	1853 [Commencement of Policy]
Total Sum Insured	:	104,600,000.00
Details of Insured Persons	:	As per annexure attached
Compulsory Co-pay (If Applicable)	:	As per Category Sheet (Annexure A)
Add on Covers Opted	:	As per Category Sheet (Annexure A)
GST No	:	37AAALV0035C1ZE
Coinsurance Details	:	100.00%

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101190900000059-01

Additional Conditions : Subject to the following additional Conditions and attached Clauses / Endorsements / Warranties :

- * Pre/Post Hospitalization covers for 30/60 days respectively..
 - * Cashless and Reimbursement Policy.
 - * Pre-Existing Diseases exclusion waiver waived for all, First 30 Days Exclusion waiver waived for all. 1st Year exclusion waiver waived for all.
 - * Employees shall be covered from DOJ subject to availability of sufficient CD balance being maintained with insurer.
 - Mid term increase in SI is not allowed.
 - *. Addition/deletion shall be done on prorata basis once in a month only subject to data being provided to us by 15th of succeeding month.
 - *No individual can be covered more than once in the policy. In case at the time of claim it is found that the member is covered more than once, a deletion endorsement (without any refund) of such member will be effected to ensure he/she is covered only once.
 - *Mid term inclusion of Spouse & children shall only be allowed only in case of marriage, child birth and legal adoption. The same is to be intimated to us within 30 days from date of marriage/child birth/adoption.
 - *The policy excludes treatment with or coverage of Inj. Bevacizumab (e.g Avastin) , Inj. Ranibizumab (e.g Lucentis), Injection Remicade, Oral Chemotherapy, Cyber Knife treatment, Stem cell therapy, Cochlear Implant Procedure, Femtolaser, Robotic surgery, Retrograde intra renal surgery, Lasik treatment for refractive error, Quantum magnetic resonance therapy, Toric Lens, KT Laser Prostate, Holter monitoring unless otherwise specifically covered as per Policy Schedule.
 - *For all admissible claims where treatment is taken at hospitals/nursing homes which are not in the list of network hospitals empanelled by the Company/Administrator, insured person shall bear 10% of the eligible admissible claim.
 - *Administration/ Registration/ Service Charges & Misc. Charges are not payable
-
- *Minimum and Maximum age at entry for Employee is 18 years and 65 years respectively. Dependent children covered upto 25 years of age (unmarried and financially dependent only) for all employees. Exception- 36 dependent children above 25 yrs but upto max 30 yrs of age are considered subject to same being part of expiring policy.
 - *Congenital internal disease cover Covered for within floater SI
 - *Outpatient Treatment (OPD) Cover Covered annual limit Rs 5 lakhs subject to a maximum of Rs. 5000/-per Family per year.
 - *Room Rent Capping covered upto 1% of SI per day for hospital stay in non ICU room and 2% of SI per day for hospital stay in ICU. In an event of hospitalization into ICU or Non ICU room at rates exceeding the aforesaid limits, the reimbursement/payment of all other expenses incurred at the Hospital, with the exception of cost of medicines and implants, shall be made in the same proportion as the admissible room rate per day bears to the actual room rate per day (including but not limited to boarding and nursing expenses).
 - * Coverage applicable is as per the benefit chart, annexure A attached along with.
 - * All other terms and conditions as per Group Health Insurance Policy wordings as attached

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101190900000059-01

Premium Computation


Particulars	Amount (INR)
Gross Premium	1,797,012.06
CGST : @9.00%	161,731.09
SGST : @9.00%	161,731.09
Final Premium	2,120,469.23

Collection Details: Receipt No. 4401190900000147

Receipt Date. 30-09-2019

Consolidated Stamp Duty paid INR 20.0/- towards Insurance Policy Stamps vide Order No. CSD/360/2019/917/19 Dated 13-03-2019 of General Stamps Office Mumbai.

P.S. If premium paid through cheque, the policy is void abinitio in case of dishonour of cheque.

Signed at : Mumbai HO	For SBI General Insurance Company Limited
Date : 30-09-2019	Signatory : 

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101190900000059-01

Important Note :

Please examine this Policy including its attachment Schedule/ Annexure if any. In the event of any discrepancy, contact the office of the Company immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

In case of payment by cheque, in the event dishonor of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not. Any claim arising or related to consequences of the pre-existing disease is excluded from the scope of policy cover unless the same is covered on payment of premium and coverage terms mentioned in the schedule.

This is a Contract between the Company and the Insured Person(s). The Insured Person(s) shall not transfer, assign, alienate or in any way pass the benefits and /or liabilities to any other person, institution, hospital, company or body corporate without specific approval in writing by a duly authorised officer of the company. However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the insured may represent him in respect of claim under the policy.

All terms, conditions and exclusions as per standard policy wordings attached with this schedule.

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101190900000059-01

ANNEXURE 'A' (Category Chart)

Group	SI 2 LAC R1
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Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE + 2 CHILD.
Type of Cover	Family Floater
Sum Insured	200,000.00
IN-PATIENT	Maximum limit : 200,000.00
CONGENITAL DISEASE	Maximum limit : 200,000.00
PRE-EXISTING DISEASE	Maximum limit : 200,000.00
OUT-PATIENT	Maximum limit : 5,000.00
BED LIMIT	Maximum limit : 2,000.00
INTENSIVE CARE UNIT	Maximum limit : 4,000.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 60.0 day(s)
COPAY	Yes, Network copay : 0.0% & Non-Network copay : 10.0%

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101190900000059-01

ANNEXURE 'B'

Sr No	Name of the Insurance Company	Co-Insurance Share (%)	Base Premium (In INR)	Tax (In INR)	Final Premium (In INR)
1	SBI General Insurance Co. Ltd.-SBI	100.00			
Total		100.00			

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE
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Attached to and forming part of Group Health Policy No 4101190900000059-01

INTIMATING A CLAIM

For Intimating a Claim with us please contact us through the following channels :

Phone : 1800-102-1111/1800-22-1111(Toll Free 8:00 am to 8:00 pm from Monday to Saturday)

Email - customer.care@sbigeneral.in

Facsimile - 1800-102-7244/1800-22-7244(Toll Free)

CLAIM SETTLEMENT

The Company will settle the claim under this policy within 30 days from the date of receipt of necessary documents required for assessing the claim. In the event that the Company decides to reject a claim made under this policy, the Company shall do so within a period of thirty days of the Survey Report or the additional Survey Report, as the case may be, in accordance with the provisions of Protection of Policyholder's Interest Regulations 2017.

To
M/S VISAKHAPATNAM PORT TRUST
ADMINISTRATIVE BUILDING, PORT AREA
VISAKHAPATNAM
Vishakapatnam, ANDHRA PRADESH - 530035, INDIA

Date : 30-09-2021

Subject : Policy Number : 4101190900000059-02

Dear Customer,

Welcome to SBI General. Thank you for choosing SBI General's Group Health Insurance Policy. We are delighted to have you as our esteemed Customer.

We enclose the following documents pertaining to your Policy :

- Policy Schedule
- Policy Clauses & Wordings
- Grievance Redressal Letter

We have taken care that the documents reflect details of risk and cover as proposed by you. We request you to verify and confirm that the documents are in order. Please ensure safety of these documents as they form part of our contract with you. For all your future correspondence you may have with us, kindly quote your Customer ID and Policy Number.

Customer ID : C04142

Policy Number : 4101190900000059-02

The Postal Address of your SBI General Branch that will service you in future is :
SBI GENERAL INSURANCE CO LTD - JAIPUR, SBI General Insurance Co LTD, 1st Floor 9, Kailash Puri, Dwarka Niwas, Opp-BMW Showroom, Tonk Road, Jaipur -302018, Rajasthan, RAJASTHAN, INDIA-0, INDIA.

In case of any queries or suggestions, please do not hesitate to get in touch with us. You can contact us at customer.care@sbigeneral.in or call our Customer Care Number 1800-102-1111 / 1800-22-1111.

We look forward to a continuing and mutually beneficial relationship.

Yours sincerely,



Authorized Signatory

SBI General Insurance Company Ltd., Registered Office: & Corporate Office: SBI General Insurance Company Ltd. 301, Natraj, Junction of Western Express Highway & Andheri Kurla Road, Andheri (East), Mumbai - 400069.

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE
UIN - SBIHLGP21330V022021

SCHEDULE

Policy No : 4101190900000059-02	Servicing Branch Office : SBI GENERAL INSURANCE CO LTD - JAIPUR, SBI General Insurance Co LTD, 1st Floor 9, Kailash Puri, Dwarka Niwas, Opp-BMW Showroom, Tonk Road, Jaipur -302018, Rajasthan, RAJASTHAN, INDIA-0, INDIA.	Issue Date : 30-09-2021
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Intermediary Details :

Intermediary Name	SBI GENERAL INSURANCE DIRECT CODE	
Intermediary Code	144892	
Intermediary Contact Details	Mobile No.	Landline No. 9999999999

Insured Details :

Name of the Insured/Proposer	:	M/S VISAKHAPATNAM PORT TRUST
Address	:	ADMINISTRATIVE BUILDING, PORT AREA VISAKHAPATNAM Vishakapatnam, ANDHRA PRADESH - 530035, INDIA
Period of Insurance	:	From 29-09-2021 (00:00:00 Hrs) to 28-09-2022 (23:59:59 Hrs)
Previous insurance policy no, if any	:	4101190900000059-01
Name of the Administrator / TPA	:	MEDI ASSIST INSURANCE TPA PRIVATE LTD
No of Primary Insured Persons covered	:	521 Employees
Total No of Insured Persons Covered	:	1852 [Commencement of Policy]
Total Sum Insured	:	104,200,000.00
Details of Insured Persons	:	As per annexure attached
Compulsory Co-pay (If Applicable)	:	As per Category Sheet (Annexure A)
Add on Covers Opted	:	As per Category Sheet (Annexure A)
GST No	:	37AAALV0035C1ZE
Coinsurance Details	:	100.00%

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101190900000059-02

Additional Conditions : Subject to the following additional Conditions and attached Clauses / Endorsements / Warranties :

- * Pre/Post Hospitalisation of 30/60 days respectively.
- * Cashless and Reimbursement Policy.
- * Pre-Existing Diseases exclusion waiver waived for all members, First 30 Days Exclusion waiver waived for all members. 1st Year exclusion waiver waived for all members.
- * Employees shall be covered from DOJ subject to availability of sufficient CD balance being maintained with insurer.
- * Addition/deletion shall be done on prorata basis once in a month only subject to data being provided to us by 15th of succeeding month.
- * Mid term increase in SI is not allowed.
- * Mid term inclusion of Spouse & children shall only be allowed only in case of marriage, child birth and legal adoption. The same is to be intimated to us within 30 days from date of marriage/child birth/adoption.
- * Genetic Disorder covered upto 25% of Individual or Family SI Limit or Rs. 2 Lakhs per insured which ever is lower subject to available Balance SI. Corporate Buffer not to be utilised for these claims
- * HIV/AIDS/Mental Illness 10% of Individual or Family SI limit or Rs 1 lac per insured whichever is lower subject to available Balance SI. Corporate Buffer not to be utilised for these claims
- * Treatment for Refractive Error Covered with refractive error +/- 7.5
- * No individual can be covered more than once in the policy ? specifically if an employee and spouse are working for the same organization both cannot cover each other. In case at the time of claim it is found that the member is covered more than once, a deletion endorsement (without any refund) of such member will be effected to ensure he/she is covered only once.
- * The policy excludes treatment with or coverage of Cochlear Implant Procedure, Femtolasar, Retrograde intra renal surgery, Quantum magnetic resonance therapy, Toric Lens covered upto 30,000/- per eye, Holter monitoring unless otherwise specifically covered as per Policy Schedule.
- * For all admissible claims where treatment is taken at hospitals/nursing homes which are not in the list of network hospitals empanelled by the Company/Administrator, insured person shall bear 10% of the eligible admissible claim.
- * Administration/ Registration/ Service Charges & Misc. Charges are not payable

- * Minimum and Maximum age at entry for Employee are 18 years and 65 years respectively. Dependent children covered upto 25 years of age (unmarried and financially dependent only) for all employees. Census Exception : Dependent children aging >25 upto 30 are covered as an one time exception and considered being part of expiring.
- * Congenital internal disease cover Covered for within floater SI.
- * Ambulance charges Ambulance charges COVERED UPTO RS. 1500 PER INCIDENT.
- * Outpatient Treatment (OPD) Cover Outpatient Treatment (OPD) Cover Covered annual limit Rs 5 lakhs subject to a maximum of Rs.5000/-per Family per year.
- * Room Rent Capping Room rent conditions 1% of the S.I per day for Normal and 2% of the SI per day for ICU Treatment .In case insured opts for a higher room category than eligibility:1) For normal Room : Proportionate deductions will be applicable on defined nullassociate medical expenses. Associated Medical Expenses shall include Room Rent, nursing charges, operation theatre charges, fees of Medical Practitioner/surgeon/ anaesthetist/ Specialist conducted within the same

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101190900000059-02

Hospital where the Insured Person has been admitted. The below expenses are not part of associate medical expenses a. Cost of Pharmacy and consumables b. Cost of implants and medical devices c. Cost of diagnostics 2) For admission in ICU / ICCU - proportionate deduction will only be done on the ICU / ICCU room rent, and not on any other associated medical expenses etc. Room Rent is inclusive of nursing charges.

*Advance Procedures Covered wherever Medically Indicated either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured? for below mentioned procedure A. Uterine Artery Embolization and HIFU (High Intensity Focused Ultrasound) B. Balloon Sinuplasty C. Deep Brain Stimulation D. Oral Chemotherapy E. Immunotherapy - Monoclonal Antibody to be given as injection F. Intra Vitreal Injections G. Robotic Surgeries H. Stereotactic Radio Surgeries I. Bronchial Thermoplasty J. Vaporisation of the Prostrate (Green Laser Treatment or Holmium Laser Treatment) K. IONM - (Intra Operative Neuro Monitoring) L. Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

* Coverage applicable is as per the benefit chart, annexure A attached along with.

* All other terms and conditions as per Group Health Insurance Policy wordings as attached

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101190900000059-02

Premium Computation


Particulars	Amount (INR)
Gross Premium	2,099,997.34
CGST : @9.00%	188,999.76
SGST : @9.00%	188,999.76
Final Premium	2,477,996.86

Collection Details: Receipt No. 4401190900000147

Receipt Date. 30-09-2019

Consolidated Stamp Duty paid INR 20.0/- towards Insurance Policy Stamps vide Order No. CSD/360/2019/917/19 Dated 13-03-2019 of General Stamps Office Mumbai.

P.S. If premium paid through cheque, the policy is void abinitio in case of dishonour of cheque.

Signed at : Mumbai HO	For SBI General Insurance Company Limited
Date : 30-09-2019	Signatory : 

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101190900000059-02

Important Note :

Please examine this Policy including its attachment Schedule/ Annexure if any. In the event of any discrepancy, contact the office of the Company immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

In case of payment by cheque, in the event dishonor of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not. Any claim arising or related to consequences of the pre-existing disease is excluded from the scope of policy cover unless the same is covered on payment of premium and coverage terms mentioned in the schedule.

This is a Contract between the Company and the Insured Person(s). The Insured Person(s) shall not transfer, assign, alienate or in any way pass the benefits and /or liabilities to any other person, institution, hospital, company or body corporate without specific approval in writing by a duly authorised officer of the company. However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the insured may represent him in respect of claim under the policy.

All terms, conditions and exclusions as per standard policy wordings attached with this schedule.

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101190900000059-02

ANNEXURE 'A' (Category Chart)

Group	SI 2 LACS R2
Covers	LIMITS
Family Definition	Floater option CHILD + 1 SELF + 1 SPOUSE.
Type of Cover	Family Floater
Sum Insured	200,000.00
IN-PATIENT	Maximum limit : 200,000.00
CONGENITAL DISEASE	Maximum limit : 200,000.00
PRE-EXISTING DISEASE	Maximum limit : 200,000.00
OUT-PATIENT	Maximum limit : 5,000.00
BED LIMIT	Maximum limit : 2,000.00
INTENSIVE CARE UNIT	Maximum limit : 4,000.00
AMBULANCE ONLY	Maximum limit : 1,500.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 60.0 day(s)
COPAY	Yes, Network copay : 0.0% & Non-Network copay : 10.0%

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101190900000059-02

ANNEXURE 'B'

Sr No	Name of the Insurance Company	Co-Insurance Share (%)	Base Premium (In INR)	Tax (In INR)	Final Premium (In INR)
1	SBI General Insurance Co. Ltd.-SBI	100.00			
Total		100.00			

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101190900000059-02

INTIMATING A CLAIM

For Intimating a Claim with us please contact us through the following channels :

Phone : 1800-102-1111/1800-22-1111(Toll Free 8:00 am to 8:00 pm from Monday to Saturday)

Email - customer.care@sbigeneral.in

Facsimile - 1800-102-7244/1800-22-7244(Toll Free)

CLAIM SETTLEMENT

The Company will settle the claim under this policy within 30 days from the date of receipt of necessary documents required for assessing the claim. In the event that the Company decides to reject a claim made under this policy, the Company shall do so within a period of thirty days of the Survey Report or the additional Survey Report, as the case may be, in accordance with the provisions of Protection of Policyholder's Interest Regulations 2017.

Total Claims Experience Report

	Claims	Value (Rs.)	% Claims	% Value
Cashless Settled	25	1,229,589.00	23.36 %	82.98 %
Cashless Processed	1	35,000.00	0.93 %	2.36 %
Reimbursement Settled	59	210,179.00	55.14 %	14.18 %
Reimbursement Processed	0	0.00	0.0 %	0.0 %
Denials	19	0.00	17.76 %	0.0 %
Closed	0	0.00	0.0 %	0.0 %
Domiciliary claims	3	7,041.00	2.8 %	0.48 %
Total	107	1,481,809.00		
Cashless in Process*	0	0.00		
Reimbursement in Process*	8	128,588.00		
Grand Total (Rs.)	115	1,610,397.00		
First Time Premium (Rs.)^				0.00
Endo Premium (Rs.)^				0.00
Deletion Premium (Rs.)^				0.00
Total Premium (Rs.)^				0.00
Claims Ratio (%)				0.0 %
Claims Ratio (%) - On Earned Premium#				0.0 %
Value of Denied claims (Rs.):				185,792.00
Value of Closed claims (Rs.):				0.00
* Depicts the claimed amount for claims in process. The settlement amount will be less than the above figures and will result in respective decrease in the claims ratio.				
** The value is for preauthorisation issued and awaiting for final documentation. Depicts the Processed PA amount for PA issued. The settlement amount will be less than or equal to the above figures and could result in respective decrease in the claims ratio.				
# Does not apply to policies with Instalment Premium				
^ Premium details as received from insurer & updated in our data as on date				

Morbidity Ratio

Descriptions	Values
No. of lives Insured	1888
No. of Claims	93
No. of Claims made per 100 Lives Insured	4.93 %
No. of lives Inception	1888
Addition	0
Deletion	31
CurrentLives	1857

Ailments Profile

ICD Group	No. of Claims	Value (Rs.)	% of Claims	% of Value
DISORDERS OF THE GASTROINTESTINAL SYSTEM	11.0	396,370.00	12.94 %	26.88 %
CARDIAC DISORDERS	3.0	273,196.00	3.53 %	18.52 %
DISORDERS OF THE RESPIRATORY SYSTEM	4.0	160,403.00	4.71 %	10.88 %
INJURIES / FRACTURES / DISLOCATIONS	4.0	123,574.00	4.71 %	8.38 %
INFECTIOUS DISEASES (BACTERIAL / VIRAL / Others)	9.0	108,237.00	10.59 %	7.34 %
CANCER	9.0	91,086.00	10.59 %	6.18 %
CATARACT	2.0	70,000.00	2.35 %	4.75 %
GYNECOLOGICAL DISORDERS	3.0	56,395.00	3.53 %	3.82 %
DISORDERS OF THE EAR	4.0	42,435.00	4.71 %	2.88 %
HYPERTENSIVE DISORDERS	1.0	39,932.00	1.18 %	2.71 %
All Other Ailment Groups	35.0	113,140.00	41.18 %	7.67 %
Total	85.0	1,474,768.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Distribution Across Age

Age Band	No. of Claims	Value (Rs.)	% Claims	% Value
0-5	4	2,872.00	4.0 %	0.0 %
6-35	18	280,715.00	21.0 %	19.0 %
36-40	11	116,389.00	12.0 %	7.0 %
41-45	18	407,849.00	21.0 %	27.0 %
46-50	30	578,359.00	35.0 %	39.0 %
51-55	4	88,584.00	4.0 %	6.0 %
Total	85	1,474,768.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Distribution Across Category of Beneficiaries Report

Beneficiary	No. of Claims	Value (Rs.)	% Claims	% Value
Self	42.0	759,366.00	49.41 %	51.49 %
Spouse	25.0	543,700.00	29.41 %	36.87 %
Child	18.0	171,702.00	21.18 %	11.64 %
Total	85.0	1,474,768.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Distribution Across Amount Bands Report

Amount Band	No. of Claims	Value (Rs.)	% Claims	% Value
Rs. 10,000/- And less	58	158,709.00	68.0 %	10.0 %
Rs. 10,001/- to Rs. 25,000/-	7	124,923.00	8.0 %	8.0 %

Rs. 25,001/- to Rs. 50,000/-	13	508,671.00	15.0 %	34.0 %
Rs. 50,001/- to Rs. 1,00,000/-	5	335,332.00	5.0 %	22.0 %
Rs. 1,00,001/- to Rs. 1,50,000/-	1	147,133.00	1.0 %	9.0 %
Rs. 1,50,001/- to Rs. 2,00,000/-	1	200,000.00	1.0 %	13.0 %
Total	85	1,474,768.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Utilization Report for Employee

No. of Claims in current policy	No. of Employees	Value (Rs.)	% Claims	% Value
1	15	344,906.00	68.18 %	45.42 %
2	4	198,119.00	18.18 %	26.09 %
3	1	12,552.00	4.55 %	1.65 %
4	1	4,504.00	4.55 %	0.59 %
12	1	199,285.00	4.55 %	26.24 %
Total	22	759,366.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Utilization Report for Dependents

No. of Claims in current policy	No. of Employees	Value (Rs.)	% Claims	% Value
1	32.0	557,802.00	86.49 %	77.97 %
2	4.0	155,528.00	10.81 %	21.74 %
3	1.0	2,072.00	2.7 %	0.29 %
Total	37.0	715,402.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Provider Profile Report

Hospital Name	No. of Claims	Value (Rs.)	% Claims	% Value
Care Hospital Institute Of Medical Sciences	5.0	460,261.00	5.88 %	31.21 %
Sevenhills Healthcare Private Limited	5.0	194,599.00	5.88 %	13.2 %
Apollo Hospitals Enterprise Limited	3.0	147,700.00	3.53 %	10.02 %
Surya Hospital	2.0	88,746.00	2.35 %	6.02 %
Omni Rk Super Speciality Hospital	4.0	87,924.00	4.71 %	5.96 %
Maxivision Eye Hospitals Pvt Ltd - vishakapatnam	2.0	70,000.00	2.35 %	4.75 %
Chalasani Hospitals Private Limited	3.0	60,452.00	3.53 %	4.1 %
Icon Krishi Hospital(P) Ltd	1.0	49,500.00	1.18 %	3.36 %
Homi Bhabha Cancer Hospital & Research Cebtre	7.0	48,815.00	8.24 %	3.31 %
St Joseph Hospital	1.0	42,905.00	1.18 %	2.91 %
Others	52.0	223,866.00	61.18 %	15.18 %
Total	85.0	1,474,768.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Add-Del Endorsement Details

Endo No	Endo Date	Endo WEF	Remarks	Addition Premium^	Deletion Premium^
4501191211000002	18-Dec-2019	11-Dec-2019	DELETION OF 31 MEMBERS	0	0.00
4501191217000006	23-Dec-2019	17-Dec-2019	Addition	0.00	0
Grand Total				0.00	0.00
^ Premium details as received from insurer & updated in our data as on date					

Total Claims Experience Report

	Claims	Value (Rs.)	% Claims	% Value
Cashless Settled	27	1,681,623.00	19.57 %	63.52 %
Cashless Processed	0	0.00	0.0 %	0.0 %
Reimbursement Settled	22	731,996.00	15.94 %	27.65 %
Reimbursement Processed	0	0.00	0.0 %	0.0 %
Denials	2	0.00	1.45 %	0.0 %
Denials due to Shortfall	0	0.00	0.0 %	0 %
Closed	0	0.00	0.0 %	0.0 %
Domiciliary claims	87	233,671.00	63.04 %	8.83 %
Total	138	2,647,290.00		
Cashless in Process*	0	0.00		
Reimbursement in Process*	0	0.00		
Grand Total (Rs.)	138	2,647,290.00		
First Time Premium (Rs.)^				0.00
Endo Premium (Rs.)^				0.00
Deletion Premium (Rs.)^				0.00
Total Premium (Rs.)^				0.00
Claims Ratio (%)				0.0 %
Claims Ratio (%) - On Earned Premium#				0.0 %
Value of Denied claims (Rs.):				290,508.00
Value of Denied(Document Shortfall) claims (Rs.):				0.00
Value of Closed claims (Rs.):				0.00
* Depicts the claimed amount for claims in process. The settlement amount will be less than the above figures and will result in respective decrease in the claims ratio.				
** The value is for preauthorisation issued and awaiting for final documentation. Depicts the Processed PA amount for PA issued. The settlement amount will be less than or equal to the above figures and could result in respective decrease in the claims ratio.				
# Does not apply to policies with Instalment Premium				
^ Premium details as received from insurer & updated in our data as on date				

Morbidity Ratio

Descriptions	Values
No. of lives Insured	1856
No. of Claims	49
No. of Claims made per 100 Lives Insured	2.64 %
No. of lives Inception	1853
Addition	3
Deletion	2
CurrentLives	1854

Ailments Profile

ICD Group	No. of Claims	Value (Rs.)	% of Claims	% of Value
DISORDERS OF THE RESPIRATORY SYSTEM	9.0	540,350.00	18.37 %	22.39 %
GYNECOLOGICAL DISORDERS	10.0	520,734.00	20.41 %	21.57 %
NEUROLOGICAL & CEREBROVASCULAR DISORDERS	7.0	447,324.00	14.29 %	18.53 %
DISORDERS OF THE GASTROINTESTINAL SYSTEM	8.0	300,011.00	16.33 %	12.43 %
INFECTIOUS DISEASES (BACTERIAL / VIRAL / Others)	5.0	178,209.00	10.2 %	7.38 %
DISORDERS OF THE MUSCULOSKELTAL SYSTEM	1.0	145,667.00	2.04 %	6.04 %
DISORDERS OF THE GENITOURINARY SYSTEM	3.0	76,656.00	6.12 %	3.18 %
DIABETES MELLITUS	2.0	70,534.00	4.08 %	2.92 %
DISORDERS OF THE EAR	1.0	58,320.00	2.04 %	2.42 %
CATARACT	1.0	32,220.00	2.04 %	1.33 %
All Other Ailment Groups	2.0	43,594.00	4.08 %	1.81 %
Total	49.0	2,413,619.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Distribution Across Age

Age Band	No. of Claims	Value (Rs.)	% Claims	% Value
6-35	14	480,424.00	28.0 %	19.0 %
36-40	2	117,358.00	4.0 %	4.0 %
41-45	17	960,743.00	34.0 %	39.0 %
46-50	14	784,560.00	28.0 %	32.0 %
51-55	2	70,534.00	4.0 %	2.0 %
Total	49	2,413,619.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Distribution Across Category of Beneficiaries Report

Beneficiary	No. of Claims	Value (Rs.)	% Claims	% Value
Self	22.0	1,301,604.00	44.9 %	53.93 %
Spouse	17.0	771,882.00	34.69 %	31.98 %
Child	10.0	340,133.00	20.41 %	14.09 %
Total	49.0	2,413,619.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Distribution Across Amount Bands Report

Amount Band	No. of Claims	Value (Rs.)	% Claims	% Value
Rs. 10,000/- And less	10	47,856.00	20.0 %	1.0 %
Rs. 10,001/- to Rs. 25,000/-	6	103,099.00	12.0 %	4.0 %

Rs. 25,001/- to Rs. 50,000/-	15	607,470.00	30.0 %	25.0 %
Rs. 50,001/- to Rs. 1,00,000/-	13	878,321.00	26.0 %	36.0 %
Rs. 1,00,001/- to Rs. 1,50,000/-	3	381,873.00	6.0 %	15.0 %
Rs. 1,50,001/- to Rs. 2,00,000/-	2	395,000.00	4.0 %	16.0 %
Total	49	2,413,619.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Utilization Report for Employee

No. of Claims in current policy	No. of Employees	Value (Rs.)	% Claims	% Value
1	10	920,806.00	66.67 %	70.74 %
2	4	296,810.00	26.67 %	22.8 %
4	1	83,988.00	6.67 %	6.45 %
Total	15	1,301,604.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Utilization Report for Dependents

No. of Claims in current policy	No. of Employees	Value (Rs.)	% Claims	% Value
1	15.0	758,625.00	71.43 %	68.22 %
2	6.0	353,390.00	28.57 %	31.78 %
Total	21.0	1,112,015.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Provider Profile Report

Hospital Name	No. of Claims	Value (Rs.)	% Claims	% Value
Care Hospital Institute Of Medical Sciences	7.0	446,335.00	14.29 %	18.49 %
Apollo Hospitals Enterprise Limited	4.0	301,749.00	8.16 %	12.5 %
Medicover Hospitals.	5.0	221,411.00	10.2 %	9.17 %
Amulya Hospital (A Unit Of Four Health Care India Pvt Ltd)	1.0	200,000.00	2.04 %	8.29 %
Icon Krishi Hospital(P) Ltd	5.0	163,333.00	10.2 %	6.77 %
Sraddha Hospital	2.0	122,360.00	4.08 %	5.07 %
Queens Nri Hospital(Unit Of Chalasani Hospital)	2.0	120,630.00	4.08 %	5.0 %
Bharathi Hospital	2.0	111,900.00	4.08 %	4.64 %
Surya Hospital	4.0	109,646.00	8.16 %	4.54 %
Apoorva Health Services	1.0	88,459.00	2.04 %	3.66 %
Others	16.0	527,796.00	32.65 %	21.87 %
Total	49.0	2,413,619.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Add-Del Endorsement Details

Endo No	Endo Date	Endo WEF	Remarks	Addition Premium^	Deletion Premium^
4501210301000017	03-Mar-2021	01-Mar-2021	Deleted as per endo number 4501210301000017	0	0.00
4501210301000028	03-Mar-2021	01-Mar-2021	Addition	0.00	0
4501201106000015	07-Nov-2020	06-Nov-2020	1 member added	0.00	0
4501201210000021	11-Dec-2020	10-Dec-2020	correction	0.00	0
4501201210000031	11-Dec-2020	10-Dec-2020	CHANGE IN DOB	0.00	0
Grand Total				0.00	0.00
^ Premium details as received from insurer & updated in our data as on date					

[illegible]

Policy_En	Employee	Employee MAID	Claimants Age	BenefAre	BenefAlpt	BenefSex
28-Sep-20;	SGPK0003	G Srinivas: 502570527	G Sahithi 16	Visakhapat		F
28-Sep-20;	7933	Sondi Ven: 502570607	S Raj Kum 23	Visakhapat		M
28-Sep-20;	7808	S Srinivas 502570594	S Srinivas 49	Visakhapat		M
28-Sep-20;	204000123	Sai Kumari 504199765	P Sri Amul 6	Visakhapat		F
28-Sep-20;	20300001	Srinivasu k 504199744	Srinivasu k 45	Visakhapat		M
28-Sep-20;	SGPK0011	Jalagadula 502570541	J Priya Ke 19	Visakhapat		F
28-Sep-20;	7715	R Ramana 503308783	R Parvathi 35	Visakhapat		F
28-Sep-20;	7873	Kolli Rama 502570598	Kolli Rama 48	Visakhapat		M
28-Sep-20;	7514	Gandha Ja 503308747	G Leela Re 43	Visakhapat		F
28-Sep-20;	20300015	V Sathi Ra 504199751	V Laxmi G: 23	Visakhapat		F
28-Sep-20;	7808	S Srinivas 502570594	S Srinivas 49	Visakhapat		M
28-Sep-20;	7873	Kolli Rama 502570598	Kolli Rama 48	Visakhapat		M
28-Sep-20;	7514	Gandha Ja 503308747	G Leela Re 43	Visakhapat		F
28-Sep-20;	SGPK0007	N Srinivas: 504210137	N Lakshmi 43	Visakhapat		F
28-Sep-20;	7534	Palika Sim 503308757	P Neeharik 12	Visakhapat		F
28-Sep-20;	7825	Palla Som: 502570593	Palla Som: 49	Visakhapat		M
28-Sep-20;	7876	P Srinivas: 503309047	P Srinivas: 50	Visakhapat		M
28-Sep-20;	7952	Ch Venkat: 503308814	Ch Venkat: 44	Visakhapat		M
28-Sep-20;	7987	P Venkata 503308821	P Kumari 43	Visakhapat		F
28-Sep-20;	7691	R S Naidu 503309049	R Surya K: 44	Visakhapat		F
28-Sep-20;	7715	R Ramana 503308783	R Parvathi 35	Visakhapat		F
28-Sep-20;	7576	Mohamma: 502570570	Mohamma: 52	Visakhapat		M
28-Sep-20;	7831	K Rayappa 503309042	K Sharmila 43	Visakhapat		F
28-Sep-20;	7880	B Demudu 503309033	B Demudu 50	Visakhapat		M
28-Sep-20;	7576	Mohamma: 502570570	Mohamma: 52	Visakhapat		M
28-Sep-20;	7691	R S Naidu 503309049	R Surya K: 44	Visakhapat		F
28-Sep-20;	SGPK0006	D Yerraji R 503308914	D Gowri 36	Visakhapat		F
28-Sep-20;	7778	D A V R N: 503308775	D Rajya La 34	Visakhapat		F
28-Sep-20;	7808	S Srinivas 502570594	S Srinivas 49	Visakhapat		M
28-Sep-20;	7952	Ch Venkat: 503308814	Ch Venkat: 44	Visakhapat		M
28-Sep-20;	SGPK0007	K Eswara F 502570535	K Eswara F 49	Visakhapat		M
28-Sep-20;	20300020	L Narasim: 504199747	L Narasim: 49	Visakhapat		M
28-Sep-20;	7706	V Srinivas: 503309052	V Srinivas: 47	Visakhapat		M
28-Sep-20;	7713	Badi Reddy 502570575	B Rama Le 43	Visakhapat		F
28-Sep-20;	7846	Gompa Ve 502570591	G Thilak R: 16	Visakhapat		M
28-Sep-20;	7889	K Yelleswa 503308817	K Yelleswa 50	Visakhapat		M
28-Sep-20;	7570	Kotana Kri: 502570569	K Venkata 41	Visakhapat		F
28-Sep-20;	20300017	G V Krishn 504199747	G V Krishn 46	Visakhapat		M
28-Sep-20;	SGPK0004	G Marayya 503308915	G Marayya 43	Visakhapat		M
28-Sep-20;	SGPK0002	P Naga Ra 502570530	P Suneeta 42	Visakhapat		F
28-Sep-20;	7847	Gompa Sri 502570590	Gompa Sri 44	Visakhapat		M
28-Sep-20;	7876	P Srinivas: 503309047	P Srinivas: 50	Visakhapat		M
28-Sep-20;	7528	M R S Nar: 503308750	M Sridevi 43	Visakhapat		F
28-Sep-20;	7935	K Srinivas: 503308816	K Srinivas: 25	Visakhapat		M
28-Sep-20;	7570	Kotana Kri: 502570569	K Tilak 18	Visakhapat		M
28-Sep-20;	7760	K Srinivas: 503308779	K Devi 38	Visakhapat		F
28-Sep-20;	7534	Palika Sim 503308757	P Neeharik 12	Visakhapat		F
28-Sep-20;	7899	G V Bhask 502570596	G Vijaya L: 41	Visakhapat		F

Relation	Sum_Inst	Balance_Inst	Claim_No	Claim_Typ	ProcessSt	ClaimStat	CompRef	Claim_Re
Daughter	200000	111541	25607803	Cashless	Settled	Claim Paid	2106052	22-Aug-2020
Son	200000	159945	25626154	Reimburse	Settled	Claim Paid		24-Aug-2020
Self	200000	111012	25968659	Cashless	Settled	Claim Paid	2230093	05-Oct-2020
Daughter	200000	183883	25996101	Cashless	Settled	Claim Paid	2240407	25-Sep-2020
Self	200000	78658	23454629	Cashless	Settled	Claim Paid	H_28033_6	15-Dec-2020
Daughter	200000	180837	23534497	Reimburse	Settled	Claim Paid		25-Dec-2020
Spouse	200000	124148	23853474	Cashless	Settled	Claim Paid		06-Feb-2020
Self	200000	156980	23833690	Post Hospi	Settled	Claim Paid		04-Feb-2020
Spouse	200000	148395	23815250	Pre Hospit	Settled	Claim Paid		02-Feb-2020
Daughter	200000	178328	23860967	Post Hospi	Settled	Claim Paid		08-Feb-2020
Self	200000	111012	23921097	Cashless	Settled	Claim Paid	H_34982_6	15-Feb-2020
Self	200000	156980	23667007	Cashless	Settled	Claim Paid	MA501827	12-Jan-2020
Spouse	200000	148395	23633868	Cashless	Settled	Claim Paid	MA771307	07-Jan-2020
Spouse	200000	144562	23718459	Post Hospi	Settled	Claim Paid		20-Jan-2020
Daughter	200000	109218	23776015	Post Hospi	Settled	Claim Paid		28-Jan-2020
Self	200000	132478	24661788	Reimburse	Settled	Claim Paid		18-May-2020
Self	200000	79370	24711681	Reimburse	Settled	Claim Paid		24-May-2020
Self	200000	132374	24396029	Post Hospi	Settled	Claim Paid		14-Apr-2020
Spouse	200000	141680	24279691	Cashless	Settled	Claim Paid	H_34982_6	31-Mar-2020
Spouse	200000	141959	24327843	Post Hospi	Settled	Claim Paid		06-Apr-2020
Spouse	200000	124148	24332767	Reimburse	Settled	Claim Paid		07-Apr-2020
Self	200000	129466	24257752	Post Hospi	Settled	Claim Paid		29-Mar-2020
Spouse	200000	131483	24220096	Cashless	Settled	Claim Paid	1654299	24-Mar-2020
Self	200000	54333	24202422	Cashless	Settled	Claim Paid	1647359	22-Mar-2020
Self	200000	129466	24199064	Cashless	Settled	Claim Paid	H_28033_6	22-Mar-2020
Spouse	200000	141959	24217267	Cashless	Settled	Claim Paid	1653082	24-Mar-2020
Spouse	200000	123100	24016603	Cashless	Settled	Claim Paid		20-Mar-2020
Spouse	200000	152000	24045779	Cashless	Settled	Claim Paid	1573910	19-Mar-2020
Self	200000	111012	24042599	Post Hospi	Settled	Claim Paid		03-Mar-2020
Self	200000	132374	24060671	Cashless	Settled	Claim Paid		05-Mar-2020
Self	200000	200000	24074654	Cashless	Denied Let	Claim Rep	1597565	24-Mar-2020
Self	200000	147452	24146662	Reimburse	Settled	Claim Paid		16-Mar-2020
Self	200000	0	25511375	Reimburse	Settled	Claim Paid		12-Aug-2020
Spouse	200000	172845	25827390	Cashless	Settled	Claim Paid	2179088	18-Sep-2020
Son	200000	154425	25791319	Cashless	Settled	Claim Paid	2170199	18-Sep-2020
Self	200000	167780	25776094	Reimburse	Settled	Claim Paid		07-Sep-2020
Spouse	200000	102330	24820444	Cashless	Settled	Claim Paid	1869937	19-Jun-2020
Self	200000	155460	24997627	Cashless	Settled	Claim Paid	1917398	24-Jun-2020
Self	200000	148897	25043328	Reimburse	Settled	Claim Paid		29-Jun-2020
Spouse	200000	124809	25014878	Cashless	Settled	Claim Paid	1920616	24-Jul-2020
Self	200000	0	25021471	Cashless	Settled	Claim Paid	1923105	26-Jun-2020
Self	200000	79370	25500777	Post Hospi	Settled	Claim Paid		11-Aug-2020
Spouse	200000	137955	25486680	Cashless	Settled	Claim Paid	2065582	24-Aug-2020
Self	200000	183561	25457383	Cashless	Settled	Claim Paid	H_28033_6	07-Aug-2020
Son	200000	102330	23201566	Reimburse	Settled	Claim Paid		11-Nov-2020
Spouse	200000	159542	23153631	Reimburse	Settled	Claim Paid		05-Nov-2020
Daughter	200000	109218	23114298	Cashless	Settled	Claim Paid	MA199347	18-Nov-2020
Spouse	200000	200000	23037329	Cashless	Denied	Claim Rep	MA501826	20-Oct-2020

LastAudit Date_of_	Date_of_	Claimed_	Approved	Incurred_	Ailment_c	Illness	Ailment_(
07-Sep-20; 21-Aug-20; 25-Aug-20;		127970	88459	88459	N83.511	Torsion of	GYNECOL
31-Aug-20; 13-Aug-20; 16-Aug-20;		39710	35055	35055	N20.1	Calculus of	DISORDEF
13-Oct-20; 23-Sep-20; 26-Sep-20;		41533	36261	36261	N43.3	Hydrocele,	DISORDEF
13-Oct-20; 24-Sep-20; 28-Sep-20;		19536	16117	16117	A90.0	Dengue fev	INFECTIOI
02-Feb-20; 14-Dec-20; 25-Dec-20;		139774	121342	121342	I63.0	Cerebral in	NEUROLO
12-Jul-20; 10-Nov-20; 11-Nov-20;		29538	19163	19163	N93.8	Other spec	GYNECOL
03-Mar-20; 06-Feb-20; 10-Feb-20;		51942	35000	35000	N93.9	Abnormal t	GYNECOL
25-Feb-20; 12-Jan-20; 14-Jan-20;		7765	898	898	R55.0	Syncope at	NEUROLO
25-Feb-20; 09-Jan-20; 11-Jan-20;		10029	5821	5821	K60.0	Acute anal	DISORDEF
03-Mar-20; 25-Jan-20; 26-Jan-20;		8400	3672	3672	J03.90	Acute tonsi	DISORDEF
03-Mar-20; 14-Feb-20; 16-Feb-20;		61857	39417	39417	I61.9	Nontrauma	NEUROLO
17-Feb-20; 12-Jan-20; 14-Jan-20;		53956	42122	42122	R55.0	Syncope at	NEUROLO
23-Jan-20; 09-Jan-20; 11-Jan-20;		50027	45784	45784	K60.2	Anal fissur	DISORDEF
25-Feb-20; 21-Oct-20; 26-Oct-20;		17586	7438	7438	N93.9	Abnormal t	GYNECOL
05-Feb-20; 27-Oct-20; 05-Nov-20;		17055	10070	10070	A90.0	Dengue fev	INFECTIOI
06-Jul-20; 17-Apr-20; 27-Apr-20;		254792	64497	64497	U07.2	COVID-19,	DISORDEF
24-Jul-20; 29-Apr-20; 15-May-20;		603173	114864	114864	U07.1	COVID-19,	DISORDEF
20-Apr-20; 21-Mar-20; 24-Mar-20;		7476	7426	7426	K40.0	Inguinal H	DISORDEF
20-Apr-20; 02-Apr-20; 05-Apr-20;		58880	58320	58320	H66.3X3	Other chro	DISORDEF
12-Apr-20; 25-Mar-20; 27-Mar-20;		8460	8460	8460	K80.00	Calculus of	DISORDEF
20-Apr-20; 17-Mar-20; 21-Mar-20;		70011	40852	40852	N80.0	Endometri	GYNECOL
03-May-20; 20-Mar-20; 23-Mar-20;		1607	65	65	E11.00	Type 2 dial	DIABETES
12-Apr-20; 26-Mar-20; 29-Mar-20;		90992	68517	68517	D25.1	Intramural	GYNECOL
20-Apr-20; 24-Mar-20; 27-Mar-20;		166667	145667	145667	M17.12	Unilateral	DISORDEF
28-Apr-20; 20-Mar-20; 23-Mar-20;		85988	70469	70469	E11.29	Type 2 dial	DIABETES
20-Apr-20; 25-Mar-20; 27-Mar-20;		54300	49581	49581	K80.00	Calculus of	DISORDEF
24-Mar-20; 01-Mar-20; 08-Mar-20;		95900	76900	76900	N93.9	Abnormal t	GYNECOL
24-Mar-20; 03-Mar-20; 09-Mar-20;		103576	48000	48000	B17.0	Acute delta	INFECTIOI
13-Mar-20; 14-Feb-20; 16-Feb-20;		3463	2970	2970	I61.9	Nontrauma	NEUROLO
01-Apr-20; 21-Mar-20; 24-Mar-20;		55560	55200	55200	K40.0	Inguinal H	DISORDEF
28-Apr-20; 08-Mar-20; 11-Mar-20;		205508	200000	0	I24.0	Acute coro	CARDIAC
21-Jul-20; 21-Feb-20; 27-Feb-20;		109224	52548	52548	R16.1	Splenomeg	DISORDEF
02-Sep-20; 17-May-20; 07-Jun-20;		699892	200000	200000	J12.9	Viral pneur	DISORDEF
25-Sep-20; 09-Sep-20; 12-Sep-20;		29630	27155	27155	R06.02	Shortness	Others
25-Sep-20; 07-Sep-20; 12-Sep-20;		69456	45575	45575	I62.03	Nontrauma	NEUROLO
12-Sep-20; 18-Aug-20; 18-Aug-20;		35799	32220	32220	H25.012	Cortical ag	CATARAC
27-Jun-20; 05-Jun-20; 12-Jun-20;		128520	74360	74360	D25.1	Intramural	GYNECOL
08-Jul-20; 28-Jun-20; 30-Jun-20;		44940	41990	41990	J34.2	Deviated n	DISORDEF
02-Aug-20; 10-May-20; 15-May-20;		76672	51103	51103	U07.1	COVID-19,	DISORDEF
28-Jul-20; 06-Jul-20; 09-Jul-20;		75343	75191	75191	K43.0	Incisional	DISORDEF
02-Aug-20; 26-Jun-20; 13-Jul-20;		333656	195000	195000	I63.9	Cerebral in	NEUROLO
18-Aug-20; 29-Apr-20; 15-May-20;		5847	5766	5766	U07.1	COVID-19,	DISORDEF
09-Nov-20; 09-Aug-20; 17-Aug-20;		69753	62045	62045	D25.2	Subserosa	GYNECOL
31-Aug-20; 10-Aug-20; 10-Aug-20;		17209	16439	16439	R07.89	Other ches	Others
26-Nov-20; 21-Oct-20; 25-Oct-20;		31597	23310	23310	R50.0	Fever Of U	INFECTIOI
14-Nov-20; 05-Oct-20; 06-Oct-20;		55037	40458	40458	U07.1	COVID-19,	DISORDEF
22-Nov-20; 27-Oct-20; 05-Nov-20;		94561	80712	80712	A90.0	Dengue fev	INFECTIOI
20-Oct-20; 19-Oct-20; 24-Oct-20;		85000	0	0	T50.902A	Poisoning	Others

Procedure Document	HospId	Hospital	City_Nam	ServiceTa	Intimatio	Intimatio	Intimatio
Other proce	60824	Apoorva H	Visakhapat	0	0		
Conservati	241252	Sri Krishna		0	0		
Excision of	135757	Padmaja H	Mallakapur	0	0		
Conservati	123067	Omni Rk S	Visakhapat	0	0		
Conservati	50182	Care Hospi	Visakhapat	0	0		
Conservati Break-up b	176629	Baba Hosp	Visakhapat	0	0		
Conservati	55948	Bharathi H	Visakhapat	0	0		
Conservati This is for y	50182	Care Hospi	Visakhapat	0	0		
Fissurector c. Original	77130	Surya Hos	Visakhapat	0	0		
Tonsillecto Investigatic	72620	Indus Hos	Visakhapat	0	0		
Conservati	155716	Icon Krishi	Visakhapat	0	0		
Conservati provide all	50182	Care Hospi	Visakhapat	0	0		
Fissurector provide tari	77130	Surya Hos	Visakhapat	0	0		
Abdominal c. Original	199347	Medicover	Visakhapat	0	0		
Medical m	199347	Medicover	Visakhapat	0	0		
Conservati Need for hc	239737	M.B.Multi	Visakhapat	0	0		
Conservati Break-up b	209969	Queens Nr	Vadaparthi	0	0		
Conservati	155716	Icon Krishi	Visakhapat	0	0		
Myringopla	155716	Icon Krishi	Visakhapat	0	0		
Cholecyste	77130	Surya Hos	Visakhapat	0	0		
Abdominal	162832	Sunrise Ho		0	0		
Conservati This is for y	50182	Care Hospi	Visakhapat	0	0		
Medical m	191466	Apollo Hos	Visakhapat	0	0		
Total knee Kindly prov	191466	Apollo Hos	Visakhapat	0	0		
Conservati Claim docu	50182	Care Hospi	Visakhapat	0	0		
Cholecyste	77130	Surya Hos	Visakhapat	0	0		
Abdominal PROVIDE	55948	Bharathi H	Visakhapat	0	0		
Conservati	191139	Sraddha H	Visakhapat	0	0		
Conservati	155716	Icon Krishi	Visakhapat	0	0		
Conservati	155716	Icon Krishi	Visakhapat	0	0		
PTCA with IR -Kindly p	191466	Apollo Hos	Visakhapat	0	0		
Conservati Break-up b	250033	A.N Beach		0	0		
Conservati c. Original	200217	Amulya Ho	Mallakapur	0	0		
Conservati	50921	Sevenhills	Visakhapat	0	0		
Conservati Kindly prov	191466	Apollo Hos	Visakhapat	0	0		
Phaco with	196636	Smart Visic	Visakhapat	0	0		
Laparosco provide rea	191139	Sraddha H	Visakhapat	0	0		
Conservati kindly prov	191466	Apollo Hos	Visakhapat	0	0		
Conservati c. Original	61498	Kanakadur	Vishakapat	0	0		
Repair of ir	199347	Medicover	Visakhapat	0	0		
Conservati	50182	Care Hospi	Visakhapat	0	0		
Conservati	209969	Queens Nr	Vadaparthi	0	0		
Abdominal KINLDY RE	72620	Indus Hos	Visakhapat	0	0		
Conservati	50182	Care Hospi	Visakhapat	0	0		
Conservati	142251	Kala Hospi	Visakhapat	0	0		
Conservati	60823	Simhadri H	Visakhapat	0	0		
Conservati	199347	Medicover	Visakhapat	0	0		
Conservati Internal Re	50182	Care Hospi	Visakhapat	0	0		

ClimPayab Payment(Payment(Payment(InsurerCl: BenefIns: ClaimSubStatus

Apoorva H	037810761	2021-08-30	CHQ/DD	100321075	IN1869080
Sondi Venk	123335656	2021-08-28	EFT	200321076	IN1868620
Padmaja H	SBIN12128	2021-10-08	CHQ/DD	100321093	IN1868260
INCOR HC	SBIN42128	2021-10-11	EFT	100321094	IN1870000
Visakha Hc	SBIN52108	2021-01-08	CHQ/DD	100320082	IN1869450
Jalagadula	261726518	2021-07-08	EFT	200320087	IN1869360
BHARATHI	SBIN52108	2021-03-01	CHQ/DD	100320105	IN1871290
Kolli Rama	017374658	2021-02-28	EFT	100320097	IN1868440
Gandha Ja	121033911	2021-02-18	EFT	100320094	IN1870770
V Sathi Ra	036680464	2021-02-24	EFT	100320100	IN1869560
ICON KRI	SBIN52108	2021-02-24	CHQ/DD	100320109	IN1868260
Visakha Hc	SBIN22104	2021-02-18	CHQ/DD	100320097	IN1868440
Suryasri hc	211496280	2021-01-18	CHQ/DD	100320094	IN1870770
N Srinivas	SBIN52104	2021-02-17	EFT	100320055	IN1870400
Palika Sim	901148858	2021-02-08	EFT	100320060	IN1867680
Palla Som	216507422	2021-07-01	EFT	200321024	IN1868320
P Srinivas	147125208	2021-07-21	EFT	200321026	IN1871790
Ch Venkat	900081458	2021-04-18	EFT	100320121	IN1871980
ICON KRI	SBIN32118	2021-04-12	CHQ/DD	100321001	IN1872060
R S Naidu	099246048	2021-04-08	EFT	100320131	IN1871200
R Ramana	267551453	2021-04-12	EFT	200321004	IN1871290
Mohamma	191636132	2021-04-28	EFT	100320130	IN1867720
APOLLO H	SBIN42108	2021-04-08	CHQ/DD	100320131	IN1871690
APOLLO H	SBIN12108	2021-04-08	CHQ/DD	100320130	IN1871800
Visakha Hc	SBIN52111	2021-04-28	CHQ/DD	100320130	IN1867720
Suryasri hc	023094205	2021-04-08	CHQ/DD	100320131	IN1871200
BHARATHI	SBIN42108	2021-03-28	CHQ/DD	100320117	IN1870370
Sraddha H	019363058	2021-03-28	CHQ/DD	100320121	IN1871520
S Srinivas	128468635	2021-03-08	EFT	100320109	IN1868260
ICON KRI	SBIN32108	2021-03-30	CHQ/DD	100320121	IN1871980
				100320122	IN1869250
L Narasim	233881064	2021-07-18	EFT	200320126	IN1869610
V Srinivas	037981592	2021-08-30	EFT	200321070	IN1871260
Sevenhills	136180737	2021-09-21	CHQ/DD	100321085	IN1868000
APOLLO H	SBIN32128	2021-09-28	CHQ/DD	100321083	IN1868350
K Yelleswa	088233791	2021-09-08	EFT	200321083	IN1871830
Sraddha H	113387922	2021-06-28	CHQ/DD	100321032	IN1867710
APOLLO H	SBIN22118	2021-07-08	CHQ/DD	100321042	IN1869580
G Marayya	250955001	2021-07-28	EFT	200321045	IN1870290
Sahrudaya	SBIN22128	2021-07-28	CHQ/DD	100321042	IN1869040
Visakha Hc	SBIN42128	2021-07-28	CHQ/DD	100321043	IN1868360
P Srinivas	264073300	2021-08-18	EFT	200321026	IN1871790
INDUS HO	SBIN22127	2021-09-28	EFT	100321068	IN1870810
Visakha Hc	SBIN52128	2021-08-28	CHQ/DD	100321066	IN1871940
Kotana Kri	200728991	2020-11-28	EFT	200320066	IN1867710
K Srinivas	229910412	2020-11-18	EFT	200320062	IN1871470
Sahrudaya	SBIN52032	2020-11-18	CHQ/DD	100320060	IN1867680
				IN1868480	

Correct A/C detail updated:Re-Init

iate Payment

SBI Gener: SBG001	SBG001	410119090 Visakhapat	SBIGen_G	29-Sep-20:
SBI Gener: SBG001	SBG001	410119090 Visakhapat	SBIGen_G	29-Sep-20:
SBI Gener: SBG001	SBG001	410119090 Visakhapat	SBIGen_G	29-Sep-20:

28-Sep-20:SGPK0007N Srinivas:504210137N Lakshmi 43	Visakhapat	F
28-Sep-20:7808 S Srinivas 502570594S Srinivas 49	Visakhapat	M
28-Sep-20:20300015 V Sathi Ra 504199751V Laxmi G:23	Visakhapat	F

Spouse	200000	144562	23034670	Cashless	Settled	Claim Paid MA199347 03-Nov-2020
Self	200000	111012	26408218	Post Hospi	Settled	Claim Paid 01-Nov-2020
Daughter	200000	178328	23745062	Cashless	Settled	Claim Paid MA726207 23-Jan-2021

09-Nov-20; 21-Oct-20; 26-Oct-20;	54148	48000	48000 N93.9	Abnormal t GYNECOL
16-Nov-20; 23-Sep-20; 26-Sep-20;	5460	5340	5340 N43.3	Hydrocele, DISORDEF
09-Feb-20; 25-Jan-20; 26-Jan-20;	25002	18000	18000 J03.80	Acute tonsi DISORDEF

Abdominal	199347	Medicover	Visakhapat	0	0
Exploration	135757	Padmaja H	Mallakapur	0	0
Conservative	72620	Indus Hos	Visakhapat	0	0

Sahrudaya SBIN520312020-11-06 CHQ/DD	100320055 IN1870400
S Srinivas 034300537 2021-11-06 EFT	100321093 IN1868260
Indus Hosp SBIN521062021-02-01 CHQ/DD	100320100 IN1869560



Medi Assist Insurance TPA Pvt. Ltd

Policy No: 410119

PA Awaiting Cashless Report

Sheet No: 1

Period from: 29-Sep-2020 00:00:00 To: 13-Jul-2022 23:59:59

Region	InsCompID	DO	BO	RO	PolID	PolNo	PolHolder ClmID
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90900000059-01

PolSubTy| PolStartD PolEndDa PriBenefE Pribenefic BenefMed BenefNan BenefAge Sum_Inst

Balance_	RelName	CImType	CImRecD	CImProce	PreAuthB	PreAuthA	CImDOA	CImDOD
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Ailment_c	Illness	HospNam	HospId	CityName	PolDevelc	PolDevelc	InsCompI	URL
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Total Claims Experience Report

	Claims	Value (Rs.)	% Claims	% Value
Cashless Settled	35	1,732,977.00	28.0 %	65.19 %
Cashless Processed	2	209,570.00	1.6 %	7.88 %
Reimbursement Settled	20	530,871.00	16.0 %	19.97 %
Reimbursement Processed	1	27,204.00	0.8 %	1.02 %
Denials	8	0.00	6.4 %	0.0 %
Denials due to Shortfall	0	0.00	0.0 %	0 %
Closed	0	0.00	0.0 %	0.0 %
Domiciliary claims	59	157,543.00	47.2 %	5.93 %
Total	125	2,658,165.00		
Cashless in Process*	3	242,704.00		
Reimbursement in Process*	1	35,934.00		
Grand Total (Rs.)	129	2,936,803.00		
First Time Premium (Rs.)^				0.00
Endo Premium (Rs.)^				0.00
Deletion Premium (Rs.)^				0.00
Total Premium (Rs.)^				0.00
Claims Ratio (%)				0.0 %
Claims Ratio (%) - On Earned Premium#				0.0 %
Value of Denied claims (Rs.):				315,575.00
Value of Denied(Document Shortfall) claims (Rs.):				0.00
Value of Closed claims (Rs.):				0.00
* Depicts the claimed amount for claims in process. The settlement amount will be less than the above figures and will result in respective decrease in the claims ratio.				
** The value is for preauthorisation issued and awaiting for final documentation. Depicts the Processed PA amount for PA issued. The settlement amount will be less than or equal to the above figures and could result in respective decrease in the claims ratio.				
# Does not apply to policies with Instalment Premium				
^ Premium details as received from insurer & updated in our data as on date				

Morbidity Ratio

Descriptions	Values
No. of lives Insured	1853
No. of Claims	62
No. of Claims made per 100 Lives Insured	3.35 %
No. of lives Inception	1853
Addition	0
Deletion	20
CurrentLives	1833

Ailments Profile

ICD Group	No. of Claims	Value (Rs.)	% of Claims	% of Value
DISORDERS OF THE GASTROINTESTINAL SYSTEM	9.0	506,245.00	15.52 %	20.24 %
CANCER	6.0	377,568.00	10.34 %	15.1 %
INFECTIOUS DISEASES (BACTERIAL / VIRAL / Others)	13.0	343,388.00	22.41 %	13.73 %
GYNECOLOGICAL DISORDERS	4.0	252,203.00	6.9 %	10.09 %
DISORDERS OF THE GENITOURINARY SYSTEM	4.0	232,377.00	6.9 %	9.29 %
DISORDERS OF THE MUSCULOSKELTAL SYSTEM	2.0	148,166.00	3.45 %	5.93 %
CATARACT	3.0	114,500.00	5.17 %	4.58 %
DISORDERS OF THE KIDNEY	2.0	98,186.00	3.45 %	3.93 %
DISORDERS OF THE RESPIRATORY SYSTEM	3.0	87,190.00	5.17 %	3.49 %
NEUROLOGICAL & CEREBROVASCULAR DISORDERS	1.0	78,659.00	1.72 %	3.15 %
All Other Ailment Groups	11.0	262,140.00	18.97 %	10.48 %
Total	58.0	2,500,622.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Distribution Across Age

Age Band	No. of Claims	Value (Rs.)	% Claims	% Value
0-5	1	22,497.00	1.0 %	0.0 %
6-35	17	554,939.00	29.0 %	22.0 %
36-40	6	310,442.00	10.0 %	12.0 %
41-45	11	522,202.00	18.0 %	20.0 %
46-50	7	403,869.00	12.0 %	16.0 %
51-55	16	686,673.00	27.0 %	27.0 %
Total	58	2,500,622.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Distribution Across Category of Beneficiaries Report

Beneficiary	No. of Claims	Value (Rs.)	% Claims	% Value
Self	23.0	964,462.00	39.66 %	38.57 %
Spouse	17.0	958,724.00	29.31 %	38.34 %
Child	18.0	577,436.00	31.03 %	23.09 %
Total	58.0	2,500,622.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Distribution Across Amount Bands Report

Amount Band	No. of Claims	Value (Rs.)	% Claims	% Value
Rs. 10,000/- And less	7	38,760.00	12.0 %	1.0 %

Rs. 10,001/- to Rs. 25,000/-	16	278,773.00	27.0 %	11.0 %
Rs. 25,001/- to Rs. 50,000/-	19	662,513.00	32.0 %	26.0 %
Rs. 50,001/- to Rs. 1,00,000/-	10	738,297.00	17.0 %	29.0 %
Rs. 1,00,001/- to Rs. 1,50,000/-	5	614,279.00	8.0 %	24.0 %
Rs. 1,50,001/- to Rs. 2,00,000/-	1	168,000.00	1.0 %	6.0 %
Total	58	2,500,622.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Utilization Report for Employee

No. of Claims in current policy	No. of Employees	Value (Rs.)	% Claims	% Value
1	13	487,901.00	76.47 %	50.59 %
2	2	132,519.00	11.76 %	13.74 %
3	2	344,042.00	11.76 %	35.67 %
Total	17	964,462.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Utilization Report for Dependents

No. of Claims in current policy	No. of Employees	Value (Rs.)	% Claims	% Value
1	19.0	1,041,341.00	76.0 %	67.79 %
2	4.0	193,291.00	16.0 %	12.58 %
4	2.0	301,528.00	8.0 %	19.63 %
Total	25.0	1,536,160.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

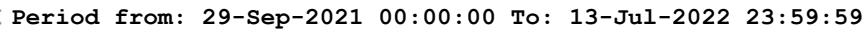
Provider Profile Report

Hospital Name	No. of Claims	Value (Rs.)	% Claims	% Value
Care Hospital Institute Of Medical Sciences	7.0	508,385.00	12.07 %	20.33 %
Medicover Hospitals (A Unit Of Sahrudaya Healthcare Pvt Ltd	9.0	360,570.00	15.52 %	14.42 %
Sevenhills Healthcare Private Limited	8.0	269,461.00	13.79 %	10.78 %
Icon Krishi Hospital(P) Ltd	1.0	145,893.00	1.72 %	5.83 %
Mahatma Gandhi Cancer Hospital And Research Institute	1.0	129,872.00	1.72 %	5.19 %
Simhadri Hospital	1.0	120,962.00	1.72 %	4.84 %
Apollo Hospitals Enterprise Limited	3.0	116,705.00	5.17 %	4.67 %
Surya Hospital	1.0	102,024.00	1.72 %	4.08 %
Care Hospital	2.0	99,393.00	3.45 %	3.97 %
Medicover Hospitals.	4.0	98,470.00	6.9 %	3.94 %
Others	21.0	548,887.00	36.21 %	21.95 %
Total	58.0	2,500,622.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Add-Del Endorsement Details

Endo No	Endo Date	Endo WEF	Remarks	Addition Premium^	Deletion Premium^
4501211109000065	10-Nov-2021	09-Nov-2021	Deleted as per endo number 4501211109000065	0	0.00
Grand Total				0.00	0.00
^ Premium details as received from insurer & updated in our data as on date					

[illegible]

Policy_En	Employee	Employee MAID	Claimants Age	BenefAre	BenefAlpt	BenefSex
28-Sep-20;	7861	Pudi Susee	502570593 S Venkates	53		M
28-Sep-20;	7861	Pudi Susee	502570593 S Venkates	53		M
28-Sep-20;	20300020	L Narasim	504199747 M Chandra	26		M
28-Sep-20;	7703	Kutchu Ch	502570578 Kutchu Ch	47		M
28-Sep-20;	7609	Mohamma	502570570 Mohamma	52		M
28-Sep-20;	7861	Pudi Susee	502570593 S Venkates	53		M
28-Sep-20;	00108SGP	M Manga F	504459017 Manga Las	3		M
28-Sep-20;	SGPK0000	G Srinivas	505714902 G Srinivas	52		M
28-Sep-20;	SGPK0000	G Srinivas	505714902 G Srinivas	52		M
28-Sep-20;	SGPK0000	G Srinivas	505714902 G Srinivas	52		M
28-Sep-20;	SGPK0002	Y Eswara F	502570532 Y Eswara F	44		M
28-Sep-20;	SGPK0012	M Sivasaty	503308946 M Priya Sl	11		F
28-Sep-20;	7674	G Syamala	503309038 G Kalyani	38		F
28-Sep-20;	7861	Pudi Susee	502570593 S Venkates	53		M
28-Sep-20;	SGPK0012	M Sivasaty	503308946 M Priya Sl	11		F
28-Sep-20;	SGPK0009	N Eswara F	502570537 N Eswara F	52		M
28-Sep-20;	7760	K Srinivas	503308779 K Devi	39		F
28-Sep-20;	20300001	Srinivasu k	504199744 Srinivasu k	46		M
28-Sep-20;	7847	Gompa Sri	502570590 Gompa Sri	45		M
28-Sep-20;	SGPK0000	G Srinivas	505714902 G Srinivas	52		M
28-Sep-20;	7668	Vanamu Si	502570580 V Chaitany	41		F
28-Sep-20;	7569	T Manga R	503308755 T Manga R	53		M
28-Sep-20;	7563	P Neelakar	504868697 P Mohan T	18		M
28-Sep-20;	SGPK0012	M Sivasaty	503308946 M Priya Sl	11		F
28-Sep-20;	7992	D Ram Bat	503309398 D Sarojini	39		F
28-Sep-20;	7847	Gompa Sri	502570590 Gompa Sri	45		M
28-Sep-20;	20300016	G Srinivas	504199746 G Kanakan	42		F
28-Sep-20;	SGPK0008	V Narasing	503308924 V Uma	43		F
28-Sep-20;	SGPK0012	M Sivasaty	503308946 M Sivasaty	43		M
28-Sep-20;	204000133	Issak Raj k	504199762 Issak Raj k	53		M
28-Sep-20;	7992	D Ram Bat	503309398 D Sarojini	39		F
28-Sep-20;	SGPK0008	M Hari Kris	503308917 M Hari Kris	43		M
28-Sep-20;	7733	Jvvsnv Pra	503308778 J Lakshmi	48		F
28-Sep-20;	SGPK0012	M Sivasaty	503308946 M Sivasaty	43		M
28-Sep-20;	7992	D Ram Bat	503309398 D Sarojini	39		F
28-Sep-20;	7753	G Chandra	503308776 G Chandra	52		M
28-Sep-20;	20300001	Srinivasu k	504199744 Srinivasu k	46		M
28-Sep-20;	7563	P Neelakar	503308751 P Neelakar	44		M
28-Sep-20;	SPK00009	G Krishnar	503308943 G Krishnar	53		M
28-Sep-20;	7884	S Srinivas	508194434 S Reshma	13		F
28-Sep-20;	7575	Galla Kana	504199775 Galla Hem	25		M
28-Sep-20;	7569	T Manga R	503308755 T Manga R	53		M
28-Sep-20;	7998	K V K A Ne	502570603 K S K Govi	10		M
28-Sep-20;	7754	B Appa Ra	503308773 B Appa Ra	51		M
28-Sep-20;	204000047	Chinna Ra	504199746 Chinna Ra	50		M
28-Sep-20;	7937	Saranga P	503308823 Saranga P	44		M
28-Sep-20;	SGPK0009	T Durga R	502570539 T Asha	20		F
28-Sep-20;	7754	B Appa Ra	503308773 B Appa Ra	51		M

Relation	Sum_Inst	Balance_Inst	Claim_No	Claim_Typ	ProcessSt	ClaimStat	CompRef	Claim_Re
Spouse	200000	96515	27994415	Post Hospi	Settled	Claim Paid		06-Apr-202
Spouse	200000	96515	28013524	Cashless	Settled	Claim Paid 3111575		22-Apr-202
Son	200000	132300	27983956	Cashless	Settled	Claim Paid 3094783		05-Apr-202
Self	200000	187000	28101801	Cashless	Settled	Claim Paid 3161827		05-May-202
Self	200000	172429	28070653	Cashless	Settled	Claim Paid 3144072		25-Apr-202
Spouse	200000	96515	28129890	Post Hospi	Settled	Claim Paid		21-Apr-202
Son	200000	172604	28245738	Cashless	Settled	Claim Paid 3245025		03-May-202
Self	200000	55856	27759380	Reimburse	Denied Let	Claim Repi		14-Mar-202
Self	200000	55856	27759432	Post Hospi	Settled	Claim Paid		14-Mar-202
Self	200000	55856	27759248	Reimburse	Processed	Payment u		13-Mar-202
Self	200000	200000	27759242	Reimburse	Denied Let	Claim Repi		13-Mar-202
Daughter	200000	0	27705302	Reimburse	Denied Let	Claim Repi		08-Mar-202
Spouse	200000	152000	27642415	Cashless	Settled	Claim Paid 2894031		21-Mar-202
Spouse	200000	96515	27655008	Cashless	Settled	Claim Paid 2901164		16-Mar-202
Daughter	200000	0	27017008	Post Hospi	Settled	Claim Paid		29-Dec-202
Self	200000	0	27019087	Cashless	Settled	Claim Paid 2600601		11-Jan-202
Spouse	200000	135601	27031302	Cashless	Settled	Claim Paid H_28033_6		30-Dec-202
Self	200000	101814	27073580	Cashless	Settled	Claim Paid 2619951		24-Jan-202
Self	200000	102	27080677	Cashless	Settled	Claim Paid 2622697		04-Jan-202
Self	200000	55856	27069108	Cashless	Settled	Claim Paid 2617859		03-Jan-202
Spouse	200000	143195	27063006	Reimburse	Settled	Claim Paid		03-Jan-202
Self	200000	182797	27151624	Post Hospi	Denied Let	Claim Repi		11-Jan-202
Son	200000	147461	27096369	Cashless	Settled	Claim Paid H_28033_6		05-Jan-202
Daughter	200000	0	26958235	Reimburse	Settled	Claim Paid		23-Dec-202
Spouse	200000	1957	26982186	Cashless	Settled	Claim Paid 2587111		14-Jan-202
Self	200000	102	26995373	Cashless	Settled	Claim Paid 2592011		27-Dec-202
Spouse	200000	152278	26822442	Post Hospi	Denied Let	Claim Repi		10-Dec-202
Spouse	200000	152143	27403871	Cashless	Settled	Claim Paid 2759454		18-Feb-202
Self	200000	0	27404418	Reimburse	Settled	Claim Paid		05-Feb-202
Self	200000	200000	27404384	Reimburse	Denied Let	Claim Repi		05-Feb-202
Spouse	200000	1957	27434397	Reimburse	Settled	Claim Paid		08-Feb-202
Self	200000	145973	27508455	Reimburse	Settled	Claim Paid		16-Feb-202
Spouse	200000	100459	27523696	Cashless	Settled	Claim Paid H_28033_6		17-Feb-202
Self	200000	0	27495885	Post Hospi	Denied Let	Claim Repi		15-Feb-202
Spouse	200000	1957	27493280	Cashless	Settled	Claim Paid 2810368		14-Feb-202
Self	200000	164720	27500475	Cashless	Settled	Claim Paid 2814342		24-Feb-202
Self	200000	101814	27323341	Cashless	Settled	Claim Paid 2717340		19-Mar-202
Self	200000	147461	27313339	Reimburse	Settled	Claim Paid		27-Jan-202
Self	200000	161171	27326544	Cashless	Settled	Claim Paid H_28033_6		28-Jan-202
Daughter	200000	162000	27840509	Cashless	Settled	Claim Paid 3004787		31-Mar-202
Son	200000	170051	26740288	Reimburse	Settled	Claim Paid		02-Dec-202
Self	200000	182797	26539319	Cashless	Settled	Claim Paid H_28033_6		13-Nov-202
Son	200000	183242	26583167	Reimburse	Settled	Claim Paid		18-Nov-202
Self	200000	165667	26671749	Post Hospi	Settled	Claim Paid		26-Nov-202
Self	200000	150000	26661918	Cashless	Settled	Claim Paid 2472595		25-Nov-202
Self	200000	178500	26327657	Reimburse	Settled	Claim Paid		25-Oct-202
Daughter	200000	196991	26404310	Reimburse	Denied Let	Claim Repi		01-Nov-202
Self	200000	165667	26446996	Cashless	Settled	Claim Paid 2396751		15-Nov-202

LastAudit Date_of_	Date_of_	Claimed_	Approved	Incurred_	Ailment_c	Illness	Ailment_
13-Apr-202	02-Mar-202	06-Mar-202	15200	13082	13082	K61.2	Anorectal ε DISORDEF
28-Apr-202	09-Apr-202	11-Apr-202	33026	30343	30343	C49.22	Malignant r CANCER
24-Apr-202	09-Apr-202	10-Apr-202	62700	62700	62700	H65.21	Chronic se DISORDEF
13-May-202	20-Apr-202	20-Apr-202	13002	13000	13000	H11.001	Unspecifie OTHER EY
01-May-202	13-Apr-202	15-Apr-202	32574	27571	27571	R07.9	Chest pain Others
04-May-202	09-Apr-202	11-Apr-202	19166	17455	17455	C49.22	Malignant r CANCER
15-May-202	05-May-202	07-May-202	30920	22497	22497	J35.2	Hypertroph DISORDEF
24-May-202	10-Feb-202	14-Feb-202	52727	0	0	M76.62	Achilles ter DISORDEF
10-Apr-202	04-Jan-202	07-Jan-202	10540	1412	1412	N20.1	Calculus of DISORDEF
08-Jul-202	19-Jan-202	20-Jan-202	31781	27204	27204	M76.60	Achilles ter DISORDEF
28-Mar-202	07-Jan-202	11-Jan-202	146054	0	0	K60.3	Anal fistula DISORDEF
09-Apr-202	22-Jan-202	24-Jan-202	28248	0	0	K59.04	Chronic idi DISORDEF
25-Mar-202	04-Mar-202	09-Mar-202	48152	48000	48000	D25.9	Leiomyom GYNECOL
22-Mar-202	02-Mar-202	06-Mar-202	46148	42605	42605	K61.2	Anorectal ε DISORDEF
06-Jan-202	09-Dec-202	13-Dec-202	26059	22837	22837	K35.89	Other acute DISORDEF
21-Jan-202	30-Dec-202	30-Dec-202	32000	32000	32000	H25.011	Cortical ag CATARAC
27-Jan-202	29-Dec-202	31-Dec-202	74394	64399	64399	A41.9	Sepsis, un INFECTIOI
30-Jan-202	03-Jan-202	10-Jan-202	87589	82623	82623	N18.0	Chronic rer DISORDEF
21-Jan-202	03-Jan-202	08-Jan-202	168865	145893	145893	C16.9	Malignant r CANCER
20-Mar-202	04-Jan-202	07-Jan-202	137073	115528	115528	N20.1	Calculus of DISORDEF
21-Jan-202	18-Dec-202	29-Dec-202	67699	56805	56805	N80.8	Other endc GYNECOL
08-Mar-202	15-Nov-202	16-Nov-202	26942	0	0	I25.0	Chronic isc CARDIAC I
03-Feb-202	04-Jan-202	07-Jan-202	40420	31805	31805	A90.0	Dengue fev INFECTIOI
29-Dec-202	09-Dec-202	13-Dec-202	126780	98504	98504	R10.0	Acute abdc DISORDEF
20-Mar-202	24-Dec-202	30-Dec-202	68908	52431	52431	K56.609	Unsp intes DISORDEF
09-Jan-202	28-Dec-202	29-Dec-202	45680	36215	36215	C16.2	Malignant r CANCER
21-Feb-202	11-Oct-202	14-Oct-202	7445	0	0	J22.0	Unspecifie DISORDEF
23-Feb-202	07-Feb-202	10-Feb-202	50948	47857	47857	D25.9	Leiomyom GYNECOL
09-Mar-202	10-Jan-202	14-Jan-202	131751	78659	78659	I63.02	Cerebral in NEUROLO
31-Mar-202	05-Jan-202	07-Jan-202	28830	0	0	E11.69	Type 2 dial DIABETES
22-Mar-202	20-Jan-202	22-Jan-202	60028	26829	26829	N39.0	Urinary tra DISORDEF
11-Mar-202	12-Jan-202	13-Jan-202	84611	54027	54027	K60.5	Anorectal f DISORDEF
14-Mar-202	23-Feb-202	28-Feb-202	133757	99541	99541	N85.2	Hypertroph GYNECOL
09-Apr-202	10-Jan-202	14-Jan-202	11979	0	0	I63.00	Cerebral in NEUROLO
22-Mar-202	14-Feb-202	22-Feb-202	108838	102024	102024	A18.83	Tuberculos INFECTIOI
17-Apr-202	16-Feb-202	16-Feb-202	32500	32500	32500	H25.11	Age-relate CATARAC
23-Mar-202	02-Feb-202	04-Mar-202	15565	15563	15563	N18.9	Chronic kic DISORDEF
01-Feb-202	04-Jan-202	07-Jan-202	40420	20734	20734	D69.9	Hemorrhag DISORDEF
16-Feb-202	28-Jan-202	31-Jan-202	47199	38829	38829	R07.89	Other ches Others
10-Apr-202	21-Mar-202	23-Mar-202	38152	38000	38000	K35.0	Acute App DISORDEF
14-Jan-202	18-Nov-202	22-Nov-202	60650	29949	29949	A90.0	Dengue fev INFECTIOI
10-Dec-202	15-Nov-202	16-Nov-202	18484	17203	17203	I25.42	Coronary a CARDIAC I
25-Feb-202	02-Nov-202	05-Nov-202	19331	8781	8781	A90.0	Dengue fev INFECTIOI
10-Dec-202	03-Nov-202	05-Nov-202	10007	3000	3000	S06.6X0A	Traumatic INJURIES
16-Dec-202	27-Nov-202	27-Nov-202	50000	50000	50000	H25.012	Cortical ag CATARAC
16-Nov-202	04-Oct-202	04-Oct-202	23988	21500	21500	S01.81XA	Laceration INJURIES
28-Dec-202	23-Oct-202	27-Oct-202	13350	0	0	A90.0	Dengue fev INFECTIOI
18-Nov-202	03-Nov-202	05-Nov-202	42599	31333	31333	S06.6X0A	Traumatic INJURIES

Procedure Document	HospId	Hospital	City_Nam	ServiceTa	Intimatio	Intimatio	Intimatio
Other proced	50921	Sevenhills	Visakhapat	0	0		
Medical ma	50921	Sevenhills	Visakhapat	0	0		
Myringopla	191466	Apollo Hos	Visakhapat	0	0		
Conservati	102115	Vasan Eye	Hyderabad	0	0		
Conservati Kindly prov	72620	Indus Hos	Visakhapat	0	0		
Excision of List of bills	50921	Sevenhills	Visakhapat	0	0		
Conservati	143995	Sujatha Ho	Visakhapat	0	0		
Other repai Details of /	59341	Subham Pr	Visakhapat	0	0		
PARTIAL M	289863	Medicover	Visakhapat	0	0		
Conservati Detailed di	59341	Subham Pr	Visakhapat	0	0		
Conservati	252291	Sri Visista		0	0		
Conservati	192842	Lotus Hos	Visakhapat	0	0		
Abdominal	199347	Medicover	Visakhapat	0	0		
Other proced	50921	Sevenhills	Visakhapat	0	0		
Conservati	289863	Medicover	Visakhapat	0	0		
Surgical M	142314	Sankar Fo	Visakhapat	0	0		
Medical ma	50182	Care Hospi	Visakhapat	0	0		
Dialysis (H	50921	Sevenhills	Visakhapat	0	0		
Medical ma	155716	Icon Krishi	Visakhapat	0	0		
PARTIAL M Kindly prov	289863	Medicover	Visakhapat	0	0		
Laparosco Indoor Cas	251848	Vivekanan	Visakhapat	0	0		
CAG-Coroi OPD const	50182	Care Hospi	Visakhapat	0	0		
Medical ma	50182	Care Hospi	Visakhapat	0	0		
Conservati	289863	Medicover	Visakhapat	0	0		
Conservati	289863	Medicover	Visakhapat	0	0		
Chemother	191466	Apollo Hos	Visakhapat	0	0		
Conservati OPD const	61170	Chalasani	Visakhapat	0	0		
Laparosco	50921	Sevenhills	Visakhapat	0	0		
Conservati Indoor Cas	151352	Care Hospi	Visakhapat	0	0		
Conservati Indoor Cas	3160	SAGARA L	Visakhapat	0	0		
Conservati Break-up b	289863	Medicover	Visakhapat	0	0		
Fissurector Pre numbe	242303	Lg Hospita		0	12622022	2022-01-12	
Abdominal	50182	Care Hospi	Visakhapat	0	0		
Conservati OPD const	151352	Care Hospi	Visakhapat	0	0		
Medical ma Kindly prov	77130	Surya Hos	Visakhapat	0	0		
Removal o Kindly prov	102115	Vasan Eye	Hyderabad	0	0		
Dialysis (H Kindly prov	50921	Sevenhills	Visakhapat	0	0		
Conservati	151352	Care Hospi	Visakhapat	0	0		
Conservati	50182	Care Hospi	Visakhapat	0	0		
Conservati	199347	Medicover	Visakhapat	0	0		
Medical ma Pre numbe	271631	Dr. Benerje	ANAKAPAI	0	0		
CAG-Coroi	50182	Care Hospi	Visakhapat	0	0		
Medical ma Break-up b	288106	Ls Nursing		0	0		
Conservati List of bills	72620	Indus Hos	Visakhapat	0	0		
Phaco with	50626	Maxivision	Visakhapat	0	0		
Suture of o Hospital R	298586	Anu Institu	Visakhapat	0	0		
Medical ma Pre numbe	164061	Gitam Insti	Visakhapat	0	0		
Conservati	72620	Indus Hos	Visakhapat	0	0		

ClimPayab PaymentC PaymentC PaymentM InsurerCl BenefInsi ClaimSubStatus

Pudi Suse	073910153	2022-04-11	EFT	100321184	IN1868410
Sevenhills	080322021	2022-04-26	CHQ/DD	100322005	IN1868410
APOLLO H	SBIN3221C	2022-04-15	CHQ/DD	100322003	IN1869610
VASAN HE	SBIN42212	2022-05-05	CHQ/DD	100322011	IN1867980
INDUS HO	SBIN22211	2022-04-26	CHQ/DD	100322009	IN1867810
Pudi Suse	341730757	2022-05-02	EFT	100322005	IN1868410
SUJATHA	SBIN52215	2022-05-15	CHQ/DD	100322019	IN1872320
				200321195	IN1870110
G Srinivas	SBIN52205	2022-04-06	EFT	100321151	IN1870110
				200321191	IN1870110
				200321191	IN1869030
				200321193	IN1870620
SAHRUDA	SBIN42205	2022-03-25	CHQ/DD	100321183	IN1871140
Sevenhills	070432068	2022-03-15	CHQ/DD	100321184	IN1868410
M Sivasaty	121871163	2022-01-05	EFT	200321145	IN1870620
Sankar Fo	193669399	2022-01-17	CHQ/DD	100321149	IN1869300
Visakha H	SBIN22201	2022-01-17	CHQ/DD	100321149	IN1871470
Sevenhills	181293376	2022-01-25	CHQ/DD	100321151	IN1869450
ICON KRI	SBIN22201	2022-01-15	EFT	100321152	IN1868360
Sahrudaya	SBIN32205	2022-02-25	EFT	100321151	IN1870110
Vanamu Si	222646087	2022-01-15	EFT	200321151	IN1867920
				100321122	IN1870860
Visakha H	SBIN42205	2022-01-31	CHQ/DD	100321153	IN1870840
M Sivasaty	171037093	2021-12-27	EFT	200321145	IN1870620
Sahrudaya	SBIN32205	2022-02-25	EFT	100321146	IN1868770
APOLLO H	SBIN4220C	2022-01-07	CHQ/DD	100321146	IN1868360
				100321104	IN1869570
Sevenhills	237564582	2022-02-22	CHQ/DD	100321170	IN1870440
M Sivasaty	215787751	2022-03-07	EFT	200321171	IN1870620
				200321170	IN1870070
D Ram Bal	111804269	2022-03-14	EFT	200321172	IN1868770
M Hari Kris	335888050	2022-03-10	EFT	200321176	IN1870420
Visakha H	SBIN12205	2022-03-10	CHQ/DD	100321176	IN1871370
				200321171	IN1870620
Suryasri h	110589320	2022-03-14	CHQ/DD	100321174	IN1868770
VASAN HE	SBINR120	2022-04-15	EFT	100321175	IN1871420
Sevenhills	218512681	2022-03-22	CHQ/DD	100321165	IN1869450
P Neelakar	347156731	2022-01-31	EFT	200321164	IN1870840
Visakha H	SBIN42204	2022-02-14	CHQ/DD	100321165	IN1870690
SAHRUDA	SBIN52205	2022-04-06	CHQ/DD	100321196	IN3774335
Galla Kan	093575407	2021-12-16	EFT	200321132	IN1872430
Visakha H	SBINR120	2021-12-06	CHQ/DD	100321122	IN1870860
K V K A N	078380329	2022-01-15	EFT	200321124	IN1868780
B Appa Ra	306970278	2021-12-07	EFT	100321117	IN1871430
Maxivision	SBIN22134	2021-12-14	CHQ/DD	100321129	IN1869700
Saranga P	024092749	2021-11-11	EFT	200321111	IN1871950
				200321115	IN1869310
INDUS HO	SBIN22132	2021-11-17	CHQ/DD	100321117	IN1871430

[illegible]

28-Sep-20; 7912	K Adinaray 503308817 K Snehita f 10	F
28-Sep-20; SGPK0000	Ch Sankar: 502570526 Ch Abhishε 19	M
28-Sep-20; SGPK0000	Ch Sankar: 502570526 Ch Abhishε 19	M
28-Sep-20; 7847	Gompa Sri 502570590 Gompa Sri 45	M
28-Sep-20; 20300016	G Srinivas: 504199746 G Kanakan 42	F
28-Sep-20; 7977	Avk Narasi 503308813 A P Chatur 18	F
28-Sep-20; 7977	Avk Narasi 503308813 A D Sri Suri 15	M
28-Sep-20; 7770	P Simhach 503308781 P Krishna \ 27	F
28-Sep-20; 7992	D Ram Bat 503309398 D Sarojini 39	F
28-Sep-20; SGPK0009	N Eswara f 502570537 N Jagades\ 51	F
28-Sep-20; SGPK0006	P V H Krist 503308921 P Geetha k 46	F
28-Sep-20; 20300016	G Srinivas: 504199746 G Kanakan 42	F
28-Sep-20; 204000115	Appala Raj 504199753 Appala Raj 49	M
28-Sep-20; SGPK0007	Shaik Kalis 506150423 Shaik Mali\ 20	F
28-Sep-20; 7626	S Naidu Bε 503308754 S Anand K\ 21	M
28-Sep-20; 7526	V V N Vish 502570573 V Rakshith 21	F
28-Sep-20; 7577	Mungara J: 502570571 Mungara J: 51	M
28-Sep-20; 7747	Imandi Srir 502570583 Imandi Srir 49	M
28-Sep-20; SGPK0007	N Srinivasε 502570529 N Srinivasε 48	M
28-Sep-20; 7511	Karri Ramε 504199768 Karri Chan\ 24	M
28-Sep-20; 7526	V V N Vish 502570573 V Rakshith 21	F
28-Sep-20; 7998	K V K A Nε 502570603 K S K Govi 10	M

Daughter	200000	191092	26507820	Reimburse	Settled	Claim Paid	11-Nov-202
Son	200000	186077	26507811	Post Hospi	Settled	Claim Paid	11-Nov-202
Son	200000	186077	26294979	Cashless	Settled	Claim Paid 2345828	21-Oct-202
Self	200000	102	26245924	Cashless	Settled	Claim Paid 2330308	18-Oct-202
Spouse	200000	152278	26192480	Cashless	Settled	Claim Paid 2309656	12-Oct-202
Daughter	200000	150340	26175988	Cashless	Settled	Claim Paid 2303606	11-Oct-202
Son	200000	150340	26178221	Cashless	Settled	Claim Paid 2304573	11-Oct-202
Daughter	200000	192518	27294756	Reimburse	Settled	Claim Paid	25-Jan-202
Spouse	200000	1957	27215565	Post Hospi	Settled	Claim Paid	18-Jan-202
Spouse	200000	0	28573729	Cashless	Settled	Claim Paid H_28033_6	04-Jun-202
Spouse	200000	70128	28629421	Cashless	Settled	Claim Paid 3484750	10-Jun-202
Spouse	200000	152278	28591038	Cashless	Settled	Claim Paid 3460397	18-Jun-202
Self	200000	186730	28625382	Cashless	Settled	Claim Paid 3482364	18-Jun-202
Daughter	200000	165029	28337206	Reimburse	Settled	Claim Paid	12-May-202
Son	200000	180067	28433084	Cashless	Settled	Claim Paid 3357706	22-May-202
Daughter	200000	81496	28430802	Cashless	Info Remin	Member di: 3356129	13-Jun-202
Self	200000	111392	28884086	Cashless	Processed	Processed H_28033_6	04-Jul-202
Self	200000	147000	28956552	Cashless	Processed	Claim doc: 3691856	11-Jul-202
Self	200000	150000	28963588	Cashless	Cashless [Claim doc: 3696087	11-Jul-202
Son	200000	79038	28815516	Cashless	Processed	Payment u 3599190	09-Jul-202
Daughter	200000	81496	28725741	Post Hospi	Info Remin	Informator	20-Jun-202
Son	200000	183242	28704530	Post Hospi	Settled	Claim Paid	17-Jun-202

18-Nov-20; 04-Oct-20; 07-Oct-20;	10363	8908	8908 R50.9	Fever, uns; INFECTIO
25-Nov-20; 20-Oct-20; 22-Oct-20;	3225	1200	1200 R50.0	Fever Of U INFECTIO
09-Nov-20; 20-Oct-20; 22-Oct-20;	13856	11270	11270 R50.0	Fever Of U INFECTIO
16-Nov-20; 20-Oct-20; 20-Oct-20;	25986	17790	17790 C16.9	Malignant r CANCER
29-Oct-20; 11-Oct-20; 14-Oct-20;	36141	29722	29722 J22.0	Unspecifie; DISORDEF
29-Oct-20; 06-Oct-20; 11-Oct-20;	28552	22880	22880 A99.0	Unspecifie; INFECTIO
29-Oct-20; 06-Oct-20; 11-Oct-20;	32259	26780	26780 R50.9	Fever, uns; INFECTIO
04-Feb-20; 11-Jan-20; 15-Jan-20;	10552	7482	7482 A94.0	Unspecifie; INFECTIO
26-Jan-20; 24-Dec-20; 30-Dec-20;	17379	16759	16759 K56.0	Paralytic ile; DISORDEF
30-Jun-20; 13-Jun-20; 22-Jun-20;	233253	168000	168000 K83.1	Obstruction; DISORDEF
05-Jul-20; 10-Jun-20; 20-Jun-20;	145978	129872	129872 C7A.090	Malignant r CANCER
22-Jun-20; 06-Jun-20; 07-Jun-20;	16000	13000	13000 I24.9	Acute ische; CARDIAC I
22-Jun-20; 10-Jun-20; 11-Jun-20;	16000	13270	13270 I25.10	Atheroscle; CARDIAC I
25-May-20; 26-Apr-20; 28-Apr-20;	42139	34971	34971 J35.01	Chronic tor; DISORDEF
08-Jun-20; 21-May-20; 26-May-20;	21911	19933	19933 A90.0	Dengue fev; INFECTIO
04-Jul-20; 20-May-20; 31-May-20;	183765	118504	118504 G37.9	Demyelina; NEUROLO
11-Jul-20; 03-Jul-20; 06-Jul-20;	108223	88608	88608 N20.1	Calculus of; DISORDEF
12-Jul-20; 12-Jul-20; 15-Jul-20;	58000	48000	48000 K80.0	Cholelithia; DISORDEF
12-Jul-20; 11-Jul-20; 15-Jul-20;	95250	50000	50000 S69.91XA	Unspecifie; INJURIES
12-Jul-20; 28-Jun-20; 02-Jul-20;	125956	120962	120962 M43.12	Spondyloli; DISORDEF
08-Jul-20; 20-May-20; 31-May-20;	44918	0	35934 G37.9	Demyelina; NEUROLO
22-Jun-20; 02-Nov-20; 05-Nov-20;	9575	7977	7977 A90.0	Dengue fev; INFECTIO

Conservati	137202 St.Anns J I	Visakhapat	0	0
Conservati	199347 Medicover	Visakhapat	0	0
Conservati	199347 Medicover	Visakhapat	0	0
Medical mæ	191466 Apollo Hos	Visakhapat	0	0
Conservati KINDLY A	61170 Chalasani I	Visakhapat	0	0
Medical mæ	123067 Omni Rk S	Visakhapat	0	0
Conservati KINDLY PF	123067 Omni Rk S	Visakhapat	0	0
Medical mæ Pre numbe	113763 Sri Amruth	Visakhapat	0	0
Conservati	289863 Medicover	Visakhapat	0	0
Cholecyste	50182 Care Hospi	Visakhapat	0	0
Medical mæ IR - Kindly	70145 Mahatma C	Visakhapat	0	0
CAG-Coro Kindly prov	289863 Medicover	Visakhapat	0	0
CAG-Coro Kindly prov	289863 Medicover	Visakhapat	0	0
Tonsillecto Kindly prov	165690 Visakha E	Visakhapat	0	0
Medical mæ	50921 Sevenhills	Visakhapat	0	0
Conservati Kindly prov	191466 Apollo Hos	Visakhapat	0	0
Ureterosco	50182 Care Hospi	Visakhapat	0	0
Cholecyste	289863 Medicover	Visakhapat	0	0
Conservati Doctor cert	155716 Icon Krishi	Visakhapat	0	0
Other spinæ Kindly prov	60823 Simhadri H	Visakhapat	0	0
Conservati This is for	191466 Apollo Hos	Visakhapat	0	0
Medical mæ	288106 Ls Nursing		0	0

K Adinaray 259930430 2021-11-17 EFT	200321120 IN1871910
Ch Sankar: 284548240 2021-11-16 EFT	100321109 IN1868970
Sahrudaya SBIN12130 2021-10-30 CHQ/DD	100321109 IN1868970
APOLLO H SBINR120: 2021-11-06 CHQ/DD	100321106 IN1868360
Chalasani I SBIN32126 2021-10-26 CHQ/DD	100321104 IN1869570
INCOR HC SBIN32126 2021-10-26 CHQ/DD	100321103 IN1872010
INCOR HC SBIN32126 2021-10-26 CHQ/DD	100321103 IN1872010
P Simhach 125999660 2022-02-02 EFT	200321164 IN1871510
D Ram Bat 110206667 2022-01-24 EFT	100321146 IN1868770
Visakha Hc SBINR120: 2022-06-26 CHQ/DD	100322038 IN1869300
VIZAG HO SBIN52216 2022-07-06 CHQ/DD	100322042 IN1870330
Sahrudaya SBIN22217 2022-06-21 CHQ/DD	100322040 IN1869570
Sahrudaya SBIN22217 2022-06-21 CHQ/DD	100322042 IN1869960
Shaik Kalis 095831203 2022-05-24 EFT	200322025 IN1870390
Sevenhills 116874313 2022-06-06 CHQ/DD	100322030 IN1871040
	100322030 IN1867630
	100322056 IN1867730
	100322061 IN1868140
	100322061 IN1870400
	100322053 IN1872410
	100322030 IN1867630
K V K A N 250984152 2022-06-20 EFT	200321124 IN1868780



Medi Assist Insurance TPA Pvt. Ltd

Policy No: 410119

PA Awaiting Cashless Report

Sheet No: 1

Period from: 29-Sep-2021 00:00:00 To: 13-Jul-2022 23:59:59

Region	InsCompfDO	BO	RO	PolID	PolNo	PolHolder ClmID
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90900000059-02

PolSubTy| PolStartD PolEndDa PriBenefE Pribenefic BenefMed BenefNan BenefAge Sum_Inst

Balance_	RelName	CImType	CImRecD	CImProce	PreAuthB	PreAuthA	CImDOA	CImDOD
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Ailment_c	Illness	HospNam	HospId	CityName	PolDevelc	PolDevelc	InsCompI	URL
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Sno	EMPLOYEE ID	MEMBER NAME	RELATION	DATE OF BIRTH	Risk Start Date	Age
390	7932	PALA VENKATA GOVINDA REDDY	SELF	2/25/1970	9/29/2021	51
441	7989	YANDRA APPALA RAJU	SELF	3/4/1970	9/29/2021	51
446	7992	D.RAM BABU	SELF	6/15/1970	9/29/2021	51
542	SGPK00028	P.NAGA RAJU	SELF	5/9/1970	9/29/2021	51
589	SGPK00056	P.JANARDHANA RAO	SELF	5/18/1970	9/29/2021	51
600	SGPK00061	S.H.SURYANARAYANA	SELF	6/3/1970	9/29/2021	51
658	SGPK00112	D.SATEESH	SELF	6/1/1970	9/29/2021	51
737	20300014	E.A.T.SANYASI RAO	SELF	2/10/1970	9/29/2021	51
759	20300020	L.NARASIMHA MURTHY MAIDI	SELF	7/1/1971	9/29/2021	50
800	204000057	CH.RATNA	SPOUSE	10/12/1970	9/29/2021	51
833	204000096	B.YERRAYAMMA	SPOUSE	10/12/1970	9/29/2021	51
838	204000103	SRINIVASA RAO BOTTA	SELF	10/10/1970	9/29/2021	51
887	204000126	DEMUDU DODDA	SELF	6/1/1971	9/29/2021	50
913	SGPK00003	D.KANAKA RAJU	SELF	12/6/1970	9/29/2021	50
914	SGPK00003	D.SAROJINI	SPOUSE	12/3/1969	9/29/2021	51
930	SGPK00011	V.KANAKA RAJU	SELF	3/11/1971	9/29/2021	50
931	SGPK00012	K.ESWARA RAO	SELF	9/12/1971	9/29/2021	50
975	SGPKNO.00052	S.R.CHANDRA SEKHAR	SELF	6/12/1971	9/29/2021	50
982	SGPK00057	S.SAMBA MURTHY	SELF	5/19/1970	9/29/2021	51
986	SGPK00060	P.V.H.KRISHNA YADAV	SELF	8/26/1970	9/29/2021	51
1005	SGPK00069	T.TRINADHA RAO	SELF	8/18/1970	9/29/2021	51
1049	SGPF00099	R.VENKATA RAO	SELF	6/6/1970	9/29/2021	51
1114	SPKNO.000046	BUTHADA KANTHA RAO	SPOUSE	2/10/1970	9/29/2021	51
1204	7589	DOGGA RAMANA	SELF	4/28/1970	9/29/2021	51
1322	7707	B.V.SIMHACHALAM	SELF	6/8/1970	9/29/2021	51
1393	7756	S.NARMADHA	SPOUSE	12/4/1969	9/29/2021	51
1410	7767	G.SRINIVASA RAO	SELF	9/28/1971	9/29/2021	50
1485	7835	K.DEMUDU	SELF	5/20/1971	9/29/2021	50
1487	7838	CH.KOTESWARA RAO	SELF	12/20/1970	9/29/2021	50
1499	7868	K.APPA RAO	SELF	5/6/1971	9/29/2021	50
1582	7980	N.KONDALA RAO	SPOUSE	1/25/1971	9/29/2021	50
1587	7985	K.RAMANA BABU	SELF	6/15/1971	9/29/2021	50
1628	8021	P.GOVINDA	SELF	7/30/1971	9/29/2021	50
1648	8036	K.RAMANA	SELF	1/7/1970	9/29/2021	51
1700	SGPK00042	K..M.V.B.RAMA RAO	SELF	11/21/1969	9/29/2021	51
1740	7700	MUMMANA KANAKA RAO	SELF	8/7/1971	9/29/2021	50
1746	7714	GURI SRINIVASA RAO	SELF	6/21/1970	9/29/2021	51
1824	7993	ABDUL ZAHEER	SELF	6/6/1970	9/29/2021	51

Sno	EMPLOYEE ID	MEMBER NAME	RELATION	DATE OF BIRTH	Risk Start Date	Age
390	7932	PALA VENKATA GOVINDA REDDY	SELF	2/25/1970	9/29/2021	51
441	7989	YANDRA APPALA RAJU	SELF	3/4/1970	9/29/2021	51
446	7992	D.RAM BABU	SELF	6/15/1970	9/29/2021	51
542	SGPK00028	P.NAGA RAJU	SELF	5/9/1970	9/29/2021	51
589	SGPK00056	P.JANARDHANA RAO	SELF	5/18/1970	9/29/2021	51
600	SGPK00061	S.H.SURYANARAYANA	SELF	6/3/1970	9/29/2021	51
658	SGPK00112	D.SATEESH	SELF	6/1/1970	9/29/2021	51
737	20300014	E.A.T.SANYASI RAO	SELF	2/10/1970	9/29/2021	51
759	20300020	L.NARASIMHA MURTHY MAIDI	SELF	7/1/1971	9/29/2021	50
800	204000057	CH.RATNA	SPOUSE	10/12/1970	9/29/2021	51
833	204000096	B.YERRAYAMMA	SPOUSE	10/12/1970	9/29/2021	51
838	204000103	SRINIVASA RAO BOTTA	SELF	10/10/1970	9/29/2021	51
887	204000126	DEMUDU DODDA	SELF	6/1/1971	9/29/2021	50
913	SGPK00003	D.KANAKA RAJU	SELF	12/6/1970	9/29/2021	50
914	SGPK00003	D.SAROJINI	SPOUSE	12/3/1969	9/29/2021	51
930	SGPK00011	V.KANAKA RAJU	SELF	3/11/1971	9/29/2021	50
931	SGPK00012	K.ESWARA RAO	SELF	9/12/1971	9/29/2021	50
975	SGPKNO.00052	S.R.CHANDRA SEKHAR	SELF	6/12/1971	9/29/2021	50
982	SGPK00057	S.SAMBA MURTHY	SELF	5/19/1970	9/29/2021	51
986	SGPK00060	P.V.H.KRISHNA YADAV	SELF	8/26/1970	9/29/2021	51
1005	SGPK00069	T.TRINADHA RAO	SELF	8/18/1970	9/29/2021	51
1049	SGPF00099	R.VENKATA RAO	SELF	6/6/1970	9/29/2021	51
1114	SPKNO.000046	BUTHADA KANTHA RAO	SPOUSE	2/10/1970	9/29/2021	51
1204	7589	DOGGA RAMANA	SELF	4/28/1970	9/29/2021	51
1322	7707	B.V.SIMHACHALAM	SELF	6/8/1970	9/29/2021	51
1393	7756	S.NARMADHA	SPOUSE	12/4/1969	9/29/2021	51
1410	7767	G.SRINIVASA RAO	SELF	9/28/1971	9/29/2021	50
1485	7835	K.DEMUDU	SELF	5/20/1971	9/29/2021	50
1487	7838	CH.KOTESWARA RAO	SELF	12/20/1970	9/29/2021	50
1499	7868	K.APPA RAO	SELF	5/6/1971	9/29/2021	50
1582	7980	N.KONDALA RAO	SPOUSE	1/25/1971	9/29/2021	50
1587	7985	K.RAMANA BABU	SELF	6/15/1971	9/29/2021	50
1628	8021	P.GOVINDA	SELF	7/30/1971	9/29/2021	50
1648	8036	K.RAMANA	SELF	1/7/1970	9/29/2021	51
1700	SGPK00042	K..M.V.B.RAMA RAO	SELF	11/21/1969	9/29/2021	51
1740	7700	MUMMANA KANAKA RAO	SELF	8/7/1971	9/29/2021	50
1746	7714	GURI SRINIVASA RAO	SELF	6/21/1970	9/29/2021	51
1824	7993	ABDUL ZAHEER	SELF	6/6/1970	9/29/2021	51

To
M/S VISAKHAPATNAM PORT TRUST
ADMINISTRATIVE BUILDING, PORT AREA
VISAKHAPATNAM
Vishakapatnam, ANDHRA PRADESH - 530035, INDIA

Date : 30-09-2019

Subject : Policy Number : 4101190900000059-00

Dear Customer,

Welcome to SBI General. Thank you for choosing SBI General's Group Health Insurance Policy. We are delighted to have you as our esteemed Customer.

We enclose the following documents pertaining to your Policy :

- Policy Schedule
- Policy Clauses & Wordings
- Grievance Redressal Letter

We have taken care that the documents reflect details of risk and cover as proposed by you. We request you to verify and confirm that the documents are in order. Please ensure safety of these documents as they form part of our contract with you. For all your future correspondence you may have with us, kindly quote your Customer ID and Policy Number.

Customer ID : C04142

Policy Number : 4101190900000059-00

The Postal Address of your SBI General Branch that will service you in future is :
SBI GENERAL INSURANCE CO LTD - VIZAG, SBI General Insurance Co LTD, Door No : 47-14- 6 ,
Dwarakamai, 2nd floor , Above SBI Dwarka Nagar Branch, Vizag- 530016, Andhra Pradesh, , ANDHRA
PRADESH, INDIA-0, INDIA.

In case of any queries or suggestions, please do not hesitate to get in touch with us. You can contact us at customer.care@sbigeneral.in or call our Customer Care Number 1800-102-1111 / 1800-22-1111.

We look forward to a continuing and mutually beneficial relationship.

Yours sincerely,



Authorized Signatory

SBI General Insurance Company Ltd., Registered Office: & Corporate Office: SBI General Insurance Company Ltd. 301, Natraj, Junction of Western Express Highway & Andheri Kurla Road, Andheri (East), Mumbai - 400069.

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE
UIN - IRDA/NL-HLT/SBIGI/P-H/V.1/39/13-14

SCHEDULE

Policy No : 4101190900000059-00	Servicing Branch Office : SBI GENERAL INSURANCE CO LTD - VIZAG, SBI General Insurance Co LTD, Door No : 47-14- 6 , Dwarakamai, 2nd floor ,Above SBI Dwarka Nagar Branch, Vizag- 530016, Andhra Pradesh, ,ANDHRA PRADESH,INDIA-0,INDIA.	Issue Date : 30-09-2019
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Intermediary Details :

Intermediary Name	SME Direct 1	
Intermediary Code	109437	
Intermediary Contact Details	Mobile No.	Landline No.

Insured Details :

Name of the Insured/Proposer	:	M/S VISAKHAPATNAM PORT TRUST
Address	:	ADMINISTRATIVE BUILDING, PORT AREA VISAKHAPATNAM Vishakapatnam, ANDHRA PRADESH - 530035, INDIA
Period of Insurance	:	From 29-09-2019 (00.00 Hrs) to 28-09-2020 Midnight
Previous insurance policy no, if any	:	N/A
Name of the Administrator / TPA	:	MEDI ASSIST INSURANCE TPA PRIVATE LTD
No of Primary Insured Persons covered	:	531 Employees
Total No of Insured Persons Covered	:	1876 [Commencement of Policy]
Total Sum Insured	:	106,200,000.00
Details of Insured Persons	:	As per annexure attached
Compulsory Co-pay (If Applicable)	:	As per Category Sheet (Annexure A)
Add on Covers Opted	:	As per Category Sheet (Annexure A)
GST No	:	37AAALV0035C1ZE
Coinsurance Details	:	100%

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101190900000059-00

Additional Conditions : Subject to the following additional Conditions and attached Clauses / Endorsements / Warranties :

- * Pre/Post Hospitalization cover for 30/60 days respectively.
 - * Cashless and Reimbursement Policy.
 - * Pre-Existing Diseases exclusion waiver, waived off for all, First 30 Days exclusion waiver, waived off for all. 1st Year exclusion waiver, waived off for all.
 - * Employees shall be covered from DOJ subject to availability of sufficient CD balance being maintained with insurer
 - * Addition/deletion shall be done on prorata basis once in a month only subject to data being provided to us by 15th of succeeding month.
 - * Mid term inclusion of Spouse & children shall only be allowed only in case of marriage, child birth and legal adoption. The same is to be intimated to us within 30 days from date of marriage/child birth/adoption.
 - * Mid term increase in SI is not allowed.
 - * The policy excludes treatment with or coverage of Inj. Bevacizumab (e.g Avastin) , Inj. Ranibizumab (e.g Lucentis), Injection Remicade, Oral Chemotherapy, Cyber Knife treatment, Stem cell therapy, Cochlear Implant Procedure, Femtolaser, Robotic surgery, Retrograde intra renal surgery, Lasik treatment for refractive error, Quantum magnetic resonance therapy, Toric Lens, KT Laser Prostate, Holter monitoring unless otherwise specifically covered as per Policy Schedule.
 - * No individual can be covered more than once in the policy ? specifically if an employee and spouse are working for the same organization both cannot cover each. In case at the time of claim it is found that the member is covered more than once, a deletion endorsement (without any refund) of such member will be effected to ensure he/she is covered only once.
 - * Administration/ Registration/ Service Charges & Misc. Charges are not payable.
 - * For all admissible claims where treatment is taken at hospitals/nursing homes which are not in the list of network hospitals empanelled by the Company/Administrator, insured person shall bear 10% of the eligible admissible claim.
-
- * Minimum and Maximum age Entry for the employee 18 and 65 Years respectively. Dependent children covered upto 25 years of age (unmarried and financially dependent only) for all employees. Only 2 Dependent children are permitted. Exception- 3rd child of Employee and Dependent Children aging >23 upto 28 are covered being part of Expiring policy.
 - * Congenital internal disease covered for within floater SI.
 - * Outpatient Treatment (OPD) covered: Annual limit Rs 5 lakhs subject to a maximum of Rs 3,000/- per Family per year.
 - * Room Rent Capping covered upto 1% of SI per day for hospital stay in non ICU room and 2% of SI per day for hospital stay in ICU. In an event of hospitalization into ICU or Non ICU room at rates exceeding the aforesaid limits, the reimbursement/payment of all other expenses incurred at the Hospital, with the exception of cost of medicines and implants, shall be made in the same proportion as the admissible room rate per day bears to the actual room rate per day (including but not limited to boarding and nursing expenses).
- Previous Policy no: 157059-0000-02.
- * Coverage applicable is as per the benefit chart, annexure ?A? attached along with.
 - * All other terms and conditions as per Group Health Insurance Policy wordings as attached.

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101190900000059-00

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101190900000059-00

Premium Computation


Particulars	Amount (INR)
Gross Premium	2,118,598.22
CGST : @9.00%	190,673.84
SGST : @9.00%	190,673.84
Final Premium	2,499,945.90

Collection Details: Receipt No. 4401190900000147

Receipt Date. 30-09-2019

Consolidated Stamp Duty paid INR 20.0/- towards Insurance Policy Stamps vide Order No.
CSD/293/2019&CSD/295/2019/176 Dated 21-01-2019 of General Stamps Office Mumbai.

P.S. If premium paid through cheque, the policy is void abinitio in case of dishonour of cheque.

Signed at : Mumbai HO	For SBI General Insurance Company Limited
Date : 30-09-2019	Signatory : 

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101190900000059-00

Important Note :

Please examine this Policy including its attachment Schedule/ Annexure if any. In the event of any discrepancy, contact the office of the Company immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

In case of payment by cheque, in the event dishonor of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not. Any claim arising or related to consequences of the pre-existing disease is excluded from the scope of policy cover unless the same is covered on payment of premium and coverage terms mentioned in the schedule.

This is a Contract between the Company and the Insured Person(s). The Insured Person(s) shall not transfer, assign, alienate or in any way pass the benefits and /or liabilities to any other person, institution, hospital, company or body corporate without specific approval in writing by a duly authorised officer of the company. However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the insured may represent him in respect of claim under the policy.

All terms, conditions and exclusions as per standard policy wordings attached with this schedule.

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101190900000059-00

ANNEXURE 'A' (Category Chart)

Group	SI 2 LACS
Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE + 2 CHILD.
Type of Cover	Family Floater
Sum Insured	200,000.00
IN-PATIENT	Maximum limit : 200,000.00
CONGENITAL DISEASE	Maximum limit : 200,000.00
PRE-EXISTING DISEASE	Maximum limit : 200,000.00
OUT-PATIENT	Maximum limit : 3,000.00
BED LIMIT	Maximum limit : 2,000.00, 1.0% OF IN-PATIENT
INTENSIVE CARE UNIT	Maximum limit : 4,000.00, 2.0% OF IN-PATIENT
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 60.0 day(s)
COPAY	Yes, Network/Non-Network copay not applicable

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101190900000059-00

INTIMATING A CLAIM

For Intimating a Claim with us please contact us through the following channels :

Phone : 1800-102-1111/1800-22-1111(Toll Free 8:00 am to 8:00 pm from Monday to Saturday)

Email - customer.care@sbigeneral.in

Facsimile - 1800-102-7244/1800-22-7244(Toll Free)

CLAIM SETTLEMENT

The Company will settle the claim under this policy within 30 days from the date of receipt of necessary documents required for assessing the claim. In the event that the Company decides to reject a claim made under this policy, the Company shall do so within a period of thirty days of the Survey Report or the additional Survey Report, as the case may be, in accordance with the provisions of Protection of Policyholder's Interest Regulations 2017.